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ABSTRACT

Due to the rural environment in which most Indian tribal human service personnel work, paraprofessional staff rarely have access to professional education programs that will enable them to expand their theoretical knowledge, enhance their practical skills, and advance their careers. Indian child welfare workers encounter complex tasks daily, which require cultural sensitivity, family practice skills, and legal knowledge. This book contains the results of a collaborative career development project to address these needs with input from the Inter Tribal Council of Arizona; the Arizona Administration for Children, Youth and Families; and Arizona State University. The book contains a model curriculum which develops (1) the contextual understanding necessary for those working with Indian families; (2) values currently existing within American Indian society; (3) a theory base for Indian child welfare; (4) the history of social policies which have affected Indian child welfare; and (5) the specific orientation necessary to conduct family practice with Native American people. Four remaining areas of study deal with concrete issues that often lead families into engagement with the child welfare system: drug and alcohol abuse, child abuse and neglect, school problems, and substitute care. Each area contains a curriculum outline, discussion of the issues, and a substantial bibliography. This book contains about 160 references. (DHP)

Collaboration: The Key

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A Model Curriculum on Indian Child Welfare
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HOPI NAMING LITURGY

UM WUYOMI UQATSIY NAAVOKYAWINTANI;

You shall experience the fullness of life to old age

QA Ö'ÖPULTIKYANGW

Never experiencing infirmity,

UM [WU'TAQW] [WUTI'HARZ KYE] VUWVANI

You shall pass away into sleep, an old [man] [woman];

NIIKYANGW, UM YAN MAATSIWNI:

And you shall be known in life by the name _____.

In the predawn hour of the 20th day of life, paternal clan members, each bringing water, gather at the birthing house for the christening. (Mother and child have been in confinement.) The paternal grandmother, or surrogate from the father's clan, washes the infant's hair in water which contains an amount from each contributor. Each clan member who is present has the privilege of symbolically washing the hair, in turn. The naming ceremony begins at this time; the grandmother takes the infant in one arm and holds a perfect ear of corn (called the "Mother"), moving it slowly over the child as she incants the liturgy; then, each of those present, who has created a name for the newborn, takes a turn until all have bestowed names. When the ceremony is over, Grandmother and mother with child go out in the direction of the rising sun to a high place. There, the child is introduced to Father Sun by all the names given. A prayer for thanksgiving and blessings is offered by Grandmother; the child is taken back to the house with identity and belonging established.

Defining Entry Level Competencies For Public Child Welfare Workers Serving Indian Communities

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FORWARD

Important areas of the historic relationship between American Indians and the United States government have been causes for unstable effects on Indian family systems. This can be understood by studying the apparent, systematic attempts at the destruction of the American Indian family. Books such as *Custer Died for Your Sins*, by Vine Deloria and compilations such as *The Destruction of the American Indian Family*, by Stephen Unger, are but two well recognized historical accountings of this phenomenon.

Despite the assault on their culture, American Indian families have proved their resiliency as guardians of their traditional values, beliefs and ways. Indian child welfare has existed within these communities for a long time. Native people with their extended family systems had their own natural child welfare systems before the discovery of this country.

This model curriculum is an attempt to address the needs of practitioners, whether they be state or tribal employees, who will be working with Indian children and families. The curriculum is not intended to be exhaustive; it will provide a conceptual framework by which practitioners may understand the thorny problems posed by policies on the delivery of child welfare services to Indian families both in rural and urban settings. It is not intended to be a cookbook for practitioners but rather an interactive dialogue between the authors and the intended readers.

This volume was written by leading experts in their respective fields. They were selected because they have demonstrated knowledge in the delivery of child welfare services to Indian children and families. We are deeply indebted to them.

The identification and selection of the writers contributing to this volume was a long and exhaustive task. It is important for readers to know the unique qualifications providing the rationale for the choice of these writers.

— Dr. Jennie Joe is the Director of the Native American Research and Training Center, University of Arizona and is renowned for publications about values and has also given many presentations on the topic.

— Mr. Syd Beane is the Executive Director of the Indian Center, Inc. at Lincoln, Nebraska and has also taught at the University of Nebraska School of Social Work in Lincoln.

— Dr. John Red Horse is the Director of the American Indian Studies Center at the School of Social Work, University of California at Los Angeles. He has written for years about family practice with Native Americans and is considered an outstanding scholar in his field.

— Dr. Jim Nelson and Mr. Sam Gurnoe both have over 20 years of experience in working concretely with Indian families in the Minneapolis area. They operate The City, Inc., whose primary function is family practice.

— Dr. Dan Edwards and Dr. Marge Egbert-Edwards, are recognized for their work in the area of drug and alcohol abuse and its impact on Native American family systems.

— Dr. John Tippeconnic is the former Director of the Indian Education Center, Arizona State University. He has been actively involved in teaching and research in this area.

— Dr. Robert Robin has over ten years of direct cross cultural experience on the (Arizona) Hopi reservation and is the former director of the Hopi Guidance Center. He has been immersed in child welfare issues in the Southwest.

— Ms. Gloria Fohrenkam is the Indian Child Welfare Specialist for the Arizona Department of Economic Security, Administration for Children, Youth and Families. She also has been both a line worker and supervisor of the child

welfare program at the Salt River Pima-Maricopa Indian Community, Scottsdale, Arizona.

— Dr. Ron Fischler, although unable to provide a complete module, nevertheless contributed valuable time and expertise to the module on Child Abuse and Neglect. He was director, until 1988, of the Center for Child Abuse Prevention, St. Joseph's Medical Center, Phoenix, and is nationally regarded in the field.

The process by which this volume was compiled is threefold. First a questionnaire to assess service delivery needs was developed. In December, 1987, the questionnaire was administered during the 4th Annual Indian Children and Family Conference, which draws its participants from tribal, state and federal social service deliverers. The results were analyzed to extract the data on the skills, knowledge and values that the 320 respondents expressed as needs. The Conference, aimed at enhancing services to Indian families, is annually sponsored in collaboration between the Arizona State University School of Social Work, The Inter Tribal Council of Arizona and the Arizona Administration for Children, Youth and Families.

Second nominal group technique sessions were administered to 41 representatives from the Arizona Department of Economic Security and 15 tribal representatives, 5 from the Tohono O'Odham Nation, 1 from Colorado River Indian Tribes, 1 from the Cocopah Tribe, 1 from the Navajo Tribe, 1 from the Salt River Indian Community, 1 from Ft. McDowell Indian Community, 1 from the Kaibab Tribe, 2 from the Yavapai Tribe, 1 from the Gila River Indian Community, and 1 from the Ft. Mojave Tribe. Results of these nominal group sessions were ranked as to the skills, knowledge and values necessary for practice with Indian families.

Last, the results of the questionnaire and the NGT's were synthesized into eight major areas of concern. Based on the eight areas, the framework for the model curriculum was constructed. The first four areas are designed so practitioners may understand the context necessary in working with Indian families. The frame includes the understanding of a theory base for Indian child welfare, values currently existing within American Indian society, the history of social policies which made an impact on Indian child welfare and, finally, the specific orientation necessary to conduct family practice with Native American people. The four remaining areas of study which were identified deal with concrete issues that often lead families into engagement with the child welfare system. They are the practice areas of drug and alcohol abuse, child abuse and neglect, school problems and substitute care.

Initial drafts of the curriculum pieces were read by practitioners who field-tested the information for accuracy, utility and ease of understanding. Their comments were shared with the curriculum developers who incorporated salient points into the finished works which comprise this volume.

This volume can be utilized by any agency or entity in its entirety or singly as sub-units, to further develop them into workshops, or incorporate into existing social work curricula as modules; the information housed within each section can be displayed differently and utilized as training curricula to be used by either private or public (state and tribal) agencies, who deal with Indian child welfare.

ACKNOWLEDGEMENTS

This volume is dedicated to those who have practiced, and are currently practicing, in the field of Indian Child welfare. It is through their commitment that Indian children and families will be able to re-integrate themselves and regenerate their vitality.

We are deeply indebted to the authors who, at our request, wrote the chapters in this volume. Their efforts were tested with exceptional candor and acuity by a dedicated group of field practitioners whose frontline experience provided sharp insights invaluable to development of, and final preparation for, this work.

We also thank the Indian Child Welfare social work students and the faculty and staff of the Arizona State University School of Social Work. Special thanks go to the Indian Advisory Committee for the School of Social Work. Its members have, for many years, worked closely with the School to establish the Office of American Indian Projects. Their indefatigable energy and innovative ideas have propelled the collaboration between the School of Social Work, the Arizona Department of Economic Security and the Inter Tribal Council of Arizona.

In addition, we appreciate those who provided valuable time, effort and expertise as members of the Policy Planning and Review Committee. They represented the collaborating agencies and provided the planning and direction for the Project.

We are most grateful for the Indian artwork designs which grace this work and are rendered by Mr. Adrian Hendricks, an extraordinary Pima Indian whose sensitivity and imagination capture Indian family values in such vivid, positive fashion.

Others who have moved the processes along and performed the tasks which created order out of chaos must be mentioned. Kathie Smith, secretary for the Indian Projects Office, kept the project crew in tow; Polly Sharp and Regina Goerke of the Inter Tribal Council, Dr. Eddie Brown, until May, 1989, Director of the Arizona Department of Economic Security, made collaboration a working reality. Edwin Gonzalez-Santin, Project Director, gave focus and clarity to the Project with superb networking and sensitive direction, and, along with Allison Lewis, Project Coordinator, oversaw the curriculum development and handled the tasks for publication of the curriculum model. Ms. Elaine Ng, contract monitor, Department of Health and Human Services proved to be a supportive ally in accomplishing the grant goals.

The accomplishments and linkages catalogued above were breathed into life by Dr. Eddie Brown, who first conceptualized the project during his tenure on the faculty of the School of Social Work in 1987; his vision was realized under the supportive nurturing of the Dean of the School, Dr. Jesse McClure and the tenacious advocacy of John Lewis and the Inter Tribal Council. For their faith in the possibilities for collaboration, we cannot say enough.

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Values

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FLUTEPLAYER:

This symbol appears, in various configurations, in petroglyphs found across the Southwest tablelands and deserts. It appears in several tribal art craft designs and ceremonial paraphanalia. Pimans associate this symbol with the ancient dwellers called Hohokam, people who lived long ago in the area. It is also perceived by some as part of the Piman people who migrated to northern areas and became part of the cliff dwellers.

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V. References cited.

VALUES

Introduction: Culture and Value Standards

When a significant proportion of a society or cultural group share a set of values, these shared values become established as *the* value system of that society. To ensure continuity of these values, the leaders or elders within a given society or culture reinforce these values and standards by shaping and defining through these values the way its members are to perceive and interpret the world (Benedict, 1934). Over time these values become codified in the sacred and secular institutions of the culture as its religious edicts and social laws, thereby becoming the basis not only for the group's value system but also the "frame of reference" for how the members view themselves, view others, and view the world. In effect, these cultural values not only define the economic and interpersonal relationships within that society, but also interpret and give meaning to life for the members of that society.

When one cultural group absorbs another cultural group as a result of war, territorial acquisition, etc., value accommodation and value conflict may occur between the two groups, often at the expense of the more vulnerable society. The extent of value accommodation and conflict will vary, depending on the historical era and the specific cultures involved. In the case of contemporary American society, these conflicts have generally emerged between the mainstream, dominant culture that is Eurocentric and Judaeo-Christian and a number of non-European, minority cultures, including Hispanic, Afro-American, Native American, various Asian groups, etc., which have come from a very different sociocultural milieu. Each of these minority groups has unique cultural and sub-cultural experiences that have shaped the values of its members. Unfortunately, the dominant culture usually presumes that the value standards of its group are superior and, therefore, "absolute," and those with differing values must therefore be helped into accepting and sharing the dominant culture's values. Resistance of any kind may be viewed as questioning the validity of these value standards and is not generally tolerated.

For the minority culture unable to accept its minority status as a valid argument for its "inferior" cultural status and the necessity for assimilation, the resulting cultural conflicts often raise questions about individual and group identity, self-esteem, and cultural validity. As a result, the consequences of some of these value conflicts may be extremely negative for the sociocultural well-being of the de-valued minority society.

Native Americans are a blatant example of a minority group that has experienced many cultural conflicts as a result of its interaction with mainstream American culture. These conflicts have arisen as a result of 1) very specific differences between the values and beliefs of their respective groups (tribes) and those of mainstream American society, and 2) because in general those from mainstream American culture have typically used their Euro-centric, Judaeo-Christian values as the frame of reference from which to judge *the expressed behavior* of Native Americans without understanding the cultural values which are the foundation of that behavior. This lack of understanding of Native American cultural values, even after years of study by social scientists, and the efforts to compel assimilation of Native Americans into the mainstream have been largely responsible for much of the on-going psychological, social, and economic problems faced by this minority today.

The purpose of this section is to discuss some of the basic attributes of values and to explain how misunderstandings and conflicts arise when two different cultures (one that is dominant and the other a minority) interact, especially when the dominant culture has a set of values that conflict with the values of the minority culture.

Defining Values:

Values have been defined as "what is wanted, what is best, what is preferable and/or what ought to be done" (Scheibe, 1970). Internally, values represent deeply held or widely shared standards which guide individuals or groups to make choices (Kluckhohn and Strodtbeck, 1961). Although values are not always visible, easily articulated, or upheld in every situation, Stein (1985) indicates that "people not only use values to help them and to decide among choices but also to help them constantly define who they are, whom they belong to, and who and what are to be regarded as outside" (p. 36). Thus personal values reflect personal likes, preferences, desires, wants, interests, or attractions. But since most personal values are learned, the personal preferences expressed or embraced are also reflections of the values or value system of the society in which the individual lives.

Thus the world-view of a society consists of shared perceptions that are continually shaped and reinforced by the values of that society. The relationship of any world-view to experience, however, is complex, subtle, and many-sided because values are situationally anchored. For example, in some stressful situations, the traditional values of an individual may be compromised, contradicted, or abandoned in spite of what is indicated by the traditional sociocultural standards. Thus, if a young child witnesses his best friend stealing money and then is pressed to tell the truth, he may elect not to tell on his friend, thereby going against one traditional value of that society in favor of another, i.e., by choosing the value of friendship over the value of honesty. In most non-threatening situations, however, individual and group goals are often chosen without conflict and kept in accordance with values and priorities that are acceptable to the majority in the culture (Valentine, 1968:8).

Because the selection of a value or values is predominantly processed mentally, how an individual chooses one course over another and decides what is better or worse and/or more right than wrong, is not always obvious. To determine explicitly which values individuals hold, one must not only observe the choices that they make but also note which standards or values they uphold by observing which behaviors are rewarded or punished (Lee, 1959; Williams, 1968). Thus, in its broadest sense, "value" refers to those ideas or concepts which indicate or explain judgments used in selecting certain preferences, likes, or choices that are learned from one's sociocultural group.

For example, most parents who uphold certain values and attitudes would like their children to adopt these same values and attitudes, much as most parents want their children to adopt or share the same religious beliefs. Transmission and acquisition of values therefore often start with the family. Thus a child is exposed to particular sets of rewards which are later enforced, changed, or expanded by exposure to different people and institutions. The learning takes place through identification, modeling, role taking, and by means of rewards and punishment. Values therefore are acquired or internalized in the course of a person's development (Langman and Block, 1979).

Values and Culture:

The values that an individual learns, adopts, and comes to share in common with other members of his or her society are greatly influenced by that individual's culture. This learning begins during early childhood when certain behaviors or expressions are rewarded or punished by the child's family members. A child, for example, may be punished for telling a lie or for stealing. As the child grows, some of these values learned from parents are reinforced

informally by a growing circle of peers, personal experiences, and formally by cultural institutions such as religion and education. Throughout this informal and formal process of socialization and value learning and reinforcement, culture maintains and enhances personal and group values.

Although values are greatly influenced, shaped, and upheld by the socio-cultural milieu, societies which may differ linguistically or culturally may in fact share some common values (Green, 1987). Kluckhohn (1951), for example, talks about the universality of certain human values such as the disapproval most cultural groups have against humans causing other humans to suffer, against the act of indiscriminate killing, and the almost universal taboo that most societies have against incest. Another example of a value shared in common in this case by many tribal groups from different parts of the world is the respect they hold for the land and the perception of the land, Mother Earth, as being a nurturing entity.

Identifying Values:

Values can be obtained by asking people to list their values, but such a self-reported list usually does not include all of that person's values and/or may not correspond to the "real" world. For example, a person may list honesty as a value they hold, but may "bend" this value by "cheating" on their income taxes. Therefore, sometimes a more meaningful way to learn about an individual's or a family's values is by observing and analyzing their behaviors as an expression of their "true" values. A family that places a high value on children, for example, is likely to have many activities and resources which are designed for and/or are central to the well-being of the children. Such families are likely to schedule most of their daily non-economic activites around the children. Conversely, when children are neglected or abused by their parents, it can be assumed that within these families, the well-being of the children may not be a priority.

In social groups or cultures in which children are valued, it can be said that the personal motivation behind the actions of these parents indicate to the observer that in this family the children are valued and that the parents will forego some of their own needs in order to tend to the needs of their children. The society in which they live also shares and reinforces these parental values by acknowledging the parents publicly as "good" parents or as a "good" family.

Cultural Conflicts and Frames of Reference:
The Problem of Understanding American Indian Values:

Because Indian groups are a "minority" within the larger non-Indian culture, Indian values are often misunderstood, stereotyped, and/or subjected to a variety of other prejudices by mainstream American culture. As a result, members of Indian tribes who are not fully acculturated or assimilated into the non-Indian mainstream often find some of their traditional values in conflict with the values of this dominant culture. For example, one common frustration expressed by educators is what appears to be the lack of value that Indian families place on public education. These professionals point to the high percentage of school dropouts, truancy, and/or poor academic performance as indicators of this "lack of value." Thus, Indians and their children are often depicted as lacking the mainstream cultural values that emphasize academic ambition and motivation to compete aggressively for a place in a learned profession or occupation.

On the other hand, in many tribal cultures the value of a person, and/or the social prestige afforded a person, is vested in his position within the tribal social order and not necessarily as a result of the occupation he holds. Therefore, work

or occupation or educational level does not always give the Indian person identity within his or her own cultural group, whereas in mainstream culture, persons, especially men, are measured, judged and accorded prestige according to the status of their occupation in the world world. Thus the value of work and identity are intricately enmeshed for those in mainstream society. The critics who attribute the lack of motivation to the Indian person who does not regard work or education as "important" are, therefore, implicitly judging Indian values against their own mainstream values without actually understanding (or accepting) differences in values between the two cultures.

Retrospectively, much of what is known about the value systems of American Indians has emerged from ethnographic reports and studies conducted by non-Indian anthropologists at the turn of the century when scholarly efforts were made to salvage what was thought to be left of the Indian cultures. By means of participant observation, anthropologists not only observed but compared and analyzed some of these cultural values, albeit using as their frame of reference non-Indian values derived from Euro-American religion and culture. Thus despite the voluminous anthropological studies on American Indians, DuBray (1985) indicates that unbiased and specific studies about American Indian cultural values are rare. What few studies have been conducted, according to DuBray (1985), appear to limit their discussion and analysis to some of the more common values found among some tribes such as the value of individual autonomy, the value placed on the ability of individuals or groups to endure deprivation, the value of bravery, the proclivity some tribes have for practical joking, and the value placed on the existence and the essence of a supernatural power (DuBray, 1985:33).

What application these study results have for Indian and non-Indian human service workers working with Indian people, however, is not apparent unless some of these Indian values are contrasted and/or explored in comparison with non-Indian values. This kind of cross cultural comparison in particular is helpful because most service providers are educated or socialized as individuals and as professionals to perceive only the world-view that reflects the values of mainstream middle-class American society (Brown, 1977; NWICWI, 1987).

The degree to which a service provider understands, or establishes a rapport with, an Indian client therefore is largely determined by his or her willingness to transcend his or her own sociocultural values. If there is a wide divergence or an unwillingness to meet the client halfway, the effectiveness of the intervention or help for the Indian client often remains unresolved and value conflicts become a critical barrier. It is extremely important, even necessary, therefore, that the service provider make every effort to understand the frame of reference, i.e., the sociocultural values of the client, so that the intervention can be appropriately presented or modified in order to be compatible with the client's value system.

Indian and Non-Indian Values:

Differing cultural values are encountered not only in professional-client relationships. Sometimes these values are also seen in other areas. For example, in a study on the perceptions of leaders, Lewis and Gingerich (1980) found that in contrast to non-Indian students, Indian students were more likely to place a higher value on the kind of person a leader is than on his leadership skill and knowledge (p.494).

Culture change, in some cases, also does not appear to have an effect on some of the traditional values upheld by Indian people, and some of these values have withstood the test of time, enduring despite pressures for change and acculturation. For example, in a study conducted among Oklahoma Indian and

non-Indian high school students, Trimble (1976) found that most Indian students (despite different tribal backgrounds and prolonged residence among non-Indians) showed a value orientation that was significantly different from their non-Indian peers. Most of the Indian students, for example, scored high on values that emphasized non-competitive behavior and present-time orientation when compared with their non-Indian peers. These same values were also demonstrated among Alaska Natives (Culbertson, 1977).

Thus although most American Indians and Alaska Natives have been undergoing rapid acculturation, some of the values these young Indian people hold are not vastly different from those of their parents or grandparents. It is expected, however, as more and more Indian youth are raised in urban environments and among non-Indian peers, the values that these youth hold will more likely resemble the values held by the majority society. One American Indian demographer, for example, sees urbanization as the major cause of the decline of tribalism and/or Native American culture (Thornton, 1987). Another reason given for this decline is the increasing number of marriages to non-Indians among those Indians living in the cities.

With the advent of modern technological products such as television, Indian families who are in isolated rural communities are no longer isolated from the urban experience. Television has provided a window to the urban world and its values. To what extent this particular technology has affected the intergenerational values systems of Indian communities is not clear; however, there are some very definite differences in a number of the values held by Indian cultures and those held by mainstream American culture. For example, in contrasting some of the key values of southwest Pueblo Indians and the Anglo culture, Zintz (1963) found the following differences between the two cultures, differences which according to the author may also be true for other tribes as well:

Pueblo	**Non-Indian**
Harmony with nature	Mastery over nature
Present-time orientation	Future-time orientation
Explanation of nature	Scientific explanation for everything
Follow the old ways	Climb the ladder of success
Cooperation	Competition
Anonymity	Individuality
Submissiveness	Aggression
Work for present needs	Work to get ahead
Sharing wealth	Saving for the future
Time is always with us	Clock-watching
Humility	Win first prize if at all possible
Win once, let others win also	Win all of the time

The value of *harmony with nature* represents the belief by many Indian groups in the importance of respect for all living and "non-living" things. Thus the earth (Mother Earth) is viewed as a central part of this concept of harmony and life. There is a belief among many tribes that all living things have spirits or souls which contribute to mankind and are therefore to be accorded respect and appreciation (Ho, 1987). To ensure this respect, many cultural taboos exist which forbid desecration of the land; moreover, numerous rituals, ceremonies, and prayers are performed to ensure harmony and protection of the land.

This value not only embodies the need to establish harmony with nature, but also is an expression of another value that is grounded in the belief that one is part of a greater whole and, therefore, balance must be maintained between all living forces, including non-living objects such as rocks, clouds, etc.

In contrast to this Indian value of respect for nature, non-Indians regard the land as something to change in order to make it benefit man, i.e., land is to be farmed and not left idle, or it must be mined, and the minerals utilized or sold. This value of land expresses mastery over nature by changing it in order to suit or benefit man.

Today as rampant unemployment and poverty on some Indian reservations forces the need for use of the land for economic development, a number of the more traditional values concerning the protection of the land have been challenged. In some instances, the traditionalists in some of these communities find themselves opposing pro-development policies and decisions of the younger and more acculturated tribal leaders. Immediate need for jobs often overrules the value of the traditional belief in the sacredness of the land.

Another Indian value that Zintz (1963) cited as differing from that of mainstream American culture is the preference many Indians have for *present-time orientation*. Sometimes this value is used to explain why Indians do not save money, take out insurance, and/or are not interested in the future. Unlike mainstream society, which values saving money and insuring against the unknown, many Indians are perceived as interested only in the present and are not willing to invest time or energy into preparing for and/or dwelling on the future. Many Indian people disagree with this stereotype. For example, Lorena Naseyowma (1989), in a critique of an earlier draft of this chapter, indicated the difficulty that she has with this stereotype of "present-time orientation" and wrote:

> At least among Hopi, people are always looking and planning ahead within the context of Hopi life. Last winter, farmers were already preparing their fields for spring planting. Families anticipating new brides marrying into their families begin preparing one to two years ahead for the eventual ceremony (plentiful crops, wedding garments, etc.). Viewed within the context of the Hopi culture, a person who truly holds a "present-time orientation" is frowned upon as being irresponsible (p.2).

One of the frequent non-Indian explanations for the value for "present-time orientation" among Indians is often related to poverty, i.e., the need for most Indians to focus on daily survival because there are no resources to "save for a rainy day" or plan for the future. Another explanation attributes the present-time orientation of Indians to the fact that most tribal groups view "time in a rhythmic, circular pattern" (Lewis and Ho, 1975; Ho, 1987:71). Instead of months or years, time is based on the seasons of the year; in this scheme time during the day is determined by the position of the sun, i.e., morning, noon, or night. Thus Indian people do have a time orientation but it revolves around natural events.

Today, as a result of rapid acculturation, most Indian homes have clocks, but the daily activities of some of the families may not be wholly centered around the time on the clock. Some Indians may have become "slaves to time," but in general most Indian people are practical and do adhere to the time orientation demanded of them in the work place or by other scheduled events or activities. And, whenever possible in the celebration of cultural life by those who are more traditional, the natural rhythm of time is maintained so that many secular and sacred events are orchestrated by markers that are watched and utilized. In a sense, a family may not routinely sit down to eat at specific hours or go to bed at a specific time, but they do use the position of the sun to mark the passing of the day. Therefore one may eat when one is hungry or go to bed when one is ready to sleep and an infant will more likely be fed on demand rather than on a time schedule.

Another value of American Indians which has received considerable attention has been the value of being part of a group that emphasizes *collateral relationships* with others rather than individualism or competition with others. The social structure of most tribal groups emphasizes the group because of the importance of the kinship systems, i.e., clans and moieties. These relationships pivot around various cycles of reciprocity and generosity. The kin, in other words, become one's "insurance" against poverty and/or social or psychological isolation.

Within such a structure, it is also necessary to maintain group consensus. Among many tribes, group consensus is a major value in decision-making. Therefore in reaching consensus, time is allowed (even if it takes hours) for all appropriate respondents to express their point of view. The arena for this process varies from a formalized setting such as the council chambers to the family home. In each of these settings, there are socioculturally-appropriate actors who are engaged in these decision-making processes.

As noted above, many non-Indian educators often express dismay at Indians because they appear to lack motivation to compete or to be assertive in the classroom. Again, the Indian value or preference for group dynamics instead of competitive individualism has often been used to explain this behavior. In other words, Indians do not like to call attention to themselves. Here again we have only a part of the explanation. This reticence may be indeed related to cultural values, but more frequently it is because many Indian children are actually shy. They will not be aggressive in the classroom or may be embarrassed when called upon for fear they will not be able to give the correct answer or respond as well as someone else. Sometimes mistrust and low self-esteem may be the reason for this lack of participation. In general, most Indian children do perform better when challenged to participate in group activities rather than individual activities. One only needs to see Indian youth in a basketball game or in other group competition to witness this competitive edge.

The general tendency of individuals in non-Indian culture to take charge and/or to manipulate nature to fit their needs has also frequently been contrasted with the Indian value of accepting natural and unnatural events as they are. This traditional value of accepting things as they are has often been described for Indians as *being-in-becoming* in contrast to the non-Indian value of *doing*, i.e., doing something about the situation. Some have reasoned that this acceptance of natural and unnatural events is representative of the Indian belief that these events occur as part of the nature of life, and one must learn to live with life and accept what comes, including both the good and the bad. In other instances, Indian social workers have at times utilized this value of acceptance and non-meddling behavior to explain the tendency of Indian people not to interfere, i.e., the important value of respecting the privacy of others and of not interfering in their lives or in the nature of the life events (Good Tracks, 1973).

On the other hand, this so-called passive behavior in certain very specific contexts is a learned response as a result of cultural interaction with the dominant society. For example, many non-Indian people often assume that Indian people are lazy and too dependent on the federal government or others to "do for them." On the contrary, historically most Indian tribes were tenaciously independent, and it was only after they have been conquered and stripped of their independence that this phenomenon of dependency became for many the only option to survival. In other words, the traditional value for independence was replaced by forced dependency. The pressure towards dependency was not only initiated but continued (albeit sometimes benevolently and with good intentions) by the federal government. This dehumanizing experience was further exaggerated by poverty, communicable disease, and starvation which

began in the nineteenth century when many tribes surrendered to the U.S. Army and agreed to live on non-productive federal reservations. With a diminished land base for subsistence hunting or farming, these tribes became increasingly dependent on the government for most of their basic needs.

Out of this learned dependency grew a hate-love relationship between Indian tribes and the federal government that continues today despite the fact that both entities talk about self-determination. Because the lives of many Indian families remain plagued with poverty, their survival necessitates continued dependency on the federal government. Moreover, although the paternalistic role of the federal government has lessened somewhat, there are many situations in which decisions made by the tribes still require final approval or sanction by the federal government. Thus, the long term institutionalization of dependency for many Indian tribes by the federal government has not only become stronger but has increasingly become a way of life on a number of the reservations. In obtaining this result, the government has continually encouraged this dependency by rewarding those who displayed passive and dependent behaviors while punishing those who dared to be aggressive and independent.

Similarly, although there is much criticism about the dependency relationship that the government imposes on the poor in this country, the government nevertheless continues to foster dependency in a number of ways. For example, in times of economic distress, an unemployed Indian father may be forced to give up his bread-winner position in the family and abandon his family in order that his spouse and children can become or remain eligible for federal assistance such as AFDC (Aid to Families with Children). The cultural value placed on the survival of the children by the government in this instance may be said to take priority over reinforcing the economic role of the father in the family.

The Spectre of Cultural Change

In addition to noting value systems of cultural groups by means of observation and contrast, the significance of certain values can also be determined by the language or words used to indicate those values. For example, the terms *Mother Earth* and *Father Sky* as used by a number of tribes to describe land and sky are an indication of the value Indian people attribute to earth and sky, i.e., these elements have been incorporated into their familial relationships. This "parent-child" relationship requires respect on the part of the child (or tribal members), and in return, nurture and caring is expected from the parental figures (Mother Earth and Father Sky).

Similarly, in some tribes, such as the Navajos, a child can have multiple mothers and fathers. Aunts, for example, are called "little mothers" while uncles are "little fathers." Because Navajo children belong to the clans of their parents and grandparents, the child can refer to adult female members of his or her mother's clans as mother or grandmother. Similarly, adult male members of the father's clan are referred to as father or grandfather. Thus the value of familial relationship denotes "belonging" and is paramount to one's identity.

Prior to European contact, most Indian societies viewed the past as an important guide to the future, and children were viewed as the embodiments of traditions, i.e., they were valued in part as the carriers of these traditions. Children were trained vigorously in the traditional way of life and unquestioning acceptance of these teachings was expected of them. Children were also valued for their contribution to the family economy and were therefore taught obedience and responsibility to the group. They were expected to carry out their full share of subsistence tasks and other group obligations (Barry, Child & Bacon, 1959). Thus the survival of the group was more important than the survival of the individual.

Unfortunately, culture change prompted by colonization, urbanization, and industrialization has attracted young people away from their families and culture. Extended families are being replaced by nuclear families, which are better suited for the geographic mobility required of the new lifestyle. Formal education has also served to separate children from the world of their parents. Specialists and professionals, for example, have assumed a greater role in teaching and rearing Indian children, thereby displacing tribal elders and the cultural values that were taught as part of the traditional child rearing practices.

As many Indian cultures were forced to become less "tradition-oriented," the vertical generation-to-generation kinship ties became increasingly weaker, and "horizontal" social ties to peers have gradually become more significant. As a result, the young are becoming more separated from the elders and more dependent on their peers for guidance. And because they are more separated from their children, parents bear the burden of uncertainty as to what their children will become in the future.

Historically, children in many Indian societies represented the renewal of life and were accepted as soon as they were able to assume their own separate identity. As individuals, their rights were usually considered and respected, i.e., they were not viewed as an extension of their parents, and therefore were not burdened with pressures to fulfill the unfulfilled goals and ambitions of their parents. In most instances, parent-child interaction was often determined by sex-role, but this tradition has changed rapidly as many Indian children today grow up in homes where there are no fathers, in institutions with no parents, and/or in nuclear homes without the benefit of extended family members (Brown & Shaughnessy, 1979). Children reared in these environments may have a different or negative view of family and childhood. In other words, family may not be an important value to these children, who may resent adults and the adult-controlled institutions. Obviously positive family experience must exist in order to continue the "value of the family" in any society.

As many parents and children pursue their own individual interests and development, the traditional expectation that as they become adults they are expected to contribute to the group is also waning. Thus the reverence and respect for the elderly, a traditional Native American value, is also changing. Increasingly, aged parents must look to old age pensions instead of their children for support. Increasing numbers are also having to end their productive life in some institution or in nursing homes rather than living with the family and helping to raise the children. Nevertheless, in some tribes where families are less affluent, children are still viewed as "investment or insurance" against old age. As the median age of American Indians increases, the problems of what to do with the elderly will undoubtedly increase. Maintaining a meaningful role for the elderly as well as ensuring them a quality of life will have to become the concern of all tribes and service providers.

Many Indian parents are criticized by mainstream society because they do not plan for their old age and do not engineer the career goals of their children. As mentioned earlier, educators, in particular, are frustrated by what they see as irresponsible parenting because Indian parents are not involved in the education of their children and consequently do not demand that their children excel in school. It is important to note here that although most Indian parents voice their desire to have their children help them in their old age, most expect nurturing and not necessarily financial support (Joe, 1980). Thus success in education or a career is not necessarily the goal that needs to be accomplished before a child can care for a parent. In other words, the means are not as important as the ends. Most Indian groups place a high value on personal autonomy and view each

child as a separate being with desires of its own, but these personal desires and goals must always include the group, the family.

Law and Values:

Societies often pass laws to ensure certain values and the relationship between the law and values in a society is often that of cause and effect. For example, the law prohibits murder, which is an extension of a basic societal value against such actions. The law, however, is a product of the cultural values of mainstream society, and as noted earlier, where it may conflict with the cultural values of a minority group, the values and beliefs of the minority are usually ignored. For example, there are numerous cases in which lands belonging by treaty to Indian people have been expropriated for the economic benefit of non-Indians. In other words, laws did not protect the rights of the Indians to hold onto their lands.

However, the law has also been used to support cultural values, and nowhere has the law been more explicitly used to support a cultural value than in the Indian Child Welfare Act (ICWA, 1978; Dorsay, 1982). This law reinforced the value of rearing Indian children in their own culture, thereby ending the common practice by many child welfare agencies of placing Indian children in non-Indian foster homes and/or approving adoption of Indian children by non-Indian families. The congressional legislation helped Indian tribes reclaim jurisdiction over the welfare of their children and provide the needed cultural environment to help the children appreciate and learn about their culture. To some extent, the value expressed in this law goes against some of the cardinal rules of child welfare where such values as economic stability of potential foster parents and adequate or safe housing tend to have more priority than cultural or ethnic concerns.

Other national legislation has also influenced or has attempted to rejuvenate the value of family in American society. For example, the federal and state governments have been encouraged to give priority in their funding programs to enhancing services that are designed to preserve the family. As a result of some of these national movements, the preservation of the family in many of the Indian communities has been extended to include members of extended families (Goodluck, 1980). The extension is seen as logical since in some tribes children are still cared for and disciplined by extended family members as well as by the biological parents.

Values and the Media:

Today as technological advances and mass media have become pervasive in the lives of most American families, many of the values that are learned occur through these new mechanisms. Television personalities, for example, can convey values to the audience through images that the television writers deem as ideal (Stein, 1985:44). Indian youth in particular are easily influenced by these ideals and values that may be at odds with the more traditional values of their parents or grandparents. Admittedly, some of the ideals and values presented in these television programs may reinforce or introduce positive values; however, such positive impacts are strongly related to how well the audience can identify culturally or ethnically with the actors. Unfortunately there are very few programs that portray contemporary American Indians in positive roles.

What results the media or congressional laws bring to bear is difficult to say, but values are best observed, identified, and influenced at the individual and family levels. Various customs and values are alive in the culture because the family unwittingly or deliberately attaches importance to these values by making a commitment to continue them, thereby reinforcing their significance for the

younger generation. In application, this arrangement makes it, from the standpoint of the child welfare worker, easier to work with these values at family and individual levels than to try to make sense of them under more abstract phenomena frequently categorized as "culture." Some child welfare workers, for example, may avoid dealing with some complex individual or family problems because it may be more convenient to attribute these problems to "shortcomings of the culture." With this kind of negative attitude, it is the child, torn between different value systems, who ultimately suffers.

Identifying the value orientation of Indian families or individuals should begin with determining where they view themselves on the cultural continuum between most traditional to least traditional. Most families or individuals will generally give such an indication. Other criteria which are helpful in determining the value orientation are: the educational background of the adults in the home (the more schooled, the more acculturated); the language used in the home (bilingual indicates bicultural lifestyle; English only may mean highly acculturated); the religious practices of the family (those still practicing traditional religion will be more likely to be traditionally-oriented); and the carryover of certain tribal customs and practices such as puberty or naming ceremonies, marital customs, utilization of or participation in traditional ceremonies, and general lifestyle or home environment. Although these suggested criteria do not encompass all the key variables for each tribe, they do serve as a useful beginning for determining the cultural frame of reference and values of the client.

Summary:

Indian peoples come from cultures which have deep and different historical roots. There is no one "generic" American Indian or an Alaska Native. Despite some vast difference in culture and value system, it may be said that a history of living with the natural forces and sharing food and shelter through a system of generosity and hospitality have given rise to a culturally validated set of values. After the European Conquest and through the years of adaptation (which continue to this day), Indian people have been confronted with a dual set of values in which some of their values are compatible with the value standards of mainstream culture but others may be conflictual. In general, Indian — non-Indian value conflicts remain to be resolved in the following two areas: 1.) the economic arena, and 2.) interpersonal relationships. For example, non-Indian values give primacy to the centrality of work and of economic production, and individuals (children, criminals, the unemployed and unemployable, and the aged) who do not participate in the labor market thereby constitute a problem population. Family life therefore is strongly affected by the values emanating from the marketplace. The adult wage-earner must play difficult dual roles of worker and parent, and children must participate and adapt within a nuclear or a single parent family, and within various social institutions such as schools or day care settings.

In a rapidly changing social scene, mainstream culture must allow flexibility and adaptation because the central importance of work and economic production and family values may be secondary, at best, in this societal scheme of things. Most Indian societies arrange their lives quite differently based on the cultural value of the importance of interpersonal relationships and of respect between all persons, values which may bring Indians into conflict with non-Indian expectations for their behavior in the workplace.

Social workers are confronted with the task of aiding individuals who may be involved in value conflict situations that may have created incomplete or inappropriate socialization patterns for persons raised in dual cultures. There are many problems created by differences in cultural values, especially in worlds which hold different and conflicting expectations and rewards.

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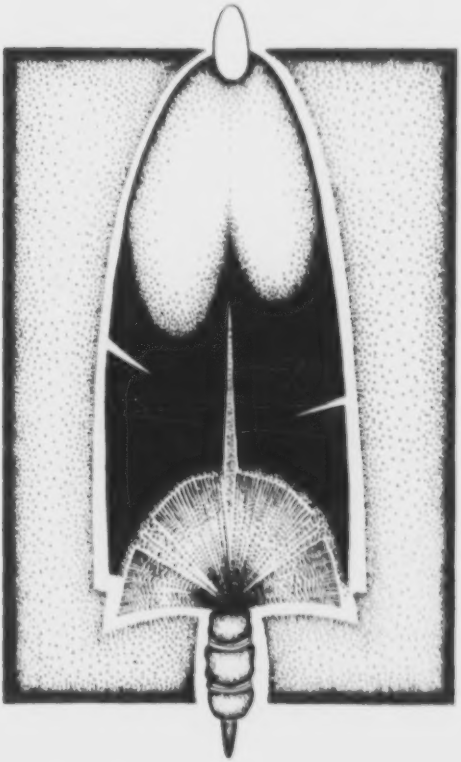
Indian Child Welfare
Social Policy History Module



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FEATHER:

This universal symbol has different meanings, from simple ornamentation to symbols of spiritual power; it suggests strength and authority (such as priesthood staff), or is used as a medium of religious or spiritual communication. The eagle feather is the highest regarded and most prominent.

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INDIAN CHILD WELFARE SOCIAL POLICY HISTORY

Curriculum Outline

I. Pre-Reservation: 1789-1871
   A. Policies whose effects on Indian tribes were the extermination of the "Indian problem" were enacted during this time.
      1. Establishment of the Department of War in 1789 provided that it should handle matters related to Indian affairs.
         a. Establishment of the Bureau of Indian Affairs in 1824 under the Secretary of War.
         b. 1849, Transfer of the BIA from Dept. of War to Dept. of Interior.
      2. The Trade and Intercourse Acts (six enacted between 1790 and 1834) were intended to encourage peaceful relations between Indians and non-Indians by controlling activities of traders in Indian country.
         a. Establishment of the trust responsibility of Congress to Native Americans.
   B. Policy Implications
      1. Extermination of Indians: men, women and children.
      2. By the time most Indians were forced onto reservations, many were sick and in ill health, and the education or condition of Indian children was of no consequence to the U.S. government.
   C. The role of Christian Missionaries and Churches
      1. Helped stop the policy of extermination.
      2. "Save the heathen savages," beginnings of policies of assimilation.

II. Early-Reservation: circa 1871-1928. During this period, the policy toward Indians was changing from one of extermination to dependency and assimilation.
   A. Policies enacted served to create a welfare-dependent people, and began the attempt to assimilate Indians into the mainstream.
      1. 1871. Abolishment of the treaty-making method of dealing with Indians.
         a. No Indian tribe was recognized as an independent nation with whom the U.S. may contract by treaty.
         b. All further contracts for services or claims against the U.S. had to be approved by the Commissioner of Indian Affairs and the Secretary of the Interior.
         c. Indians were deprived of the right to free choice of counsel for the redress of injuries.
      2. 1885. Major Crimes Act gave the Federal courts jurisdiction over seven major crimes (now 13) committed by Indians on reservations.
         a. Abrogated many Constitutional rights, but since many Indians were not citizens of the U.S., they had no rights under the Constitution.
      3. 1887. General Allotment Act (Dawes Act) authorized the allotment of tribal lands in designated quantities to individual Indians or families. Surplus land was purchased by the U.S.
         a. Based on the belief that ownership of land would further the "civilization" of Indians.
         b. Citizenship conferred upon all allottees found "competent," and other Indians who abandoned their tribes and adopted "the habits of civilized life."

c. Forced a foreign concept of land ownership on Indian tribes. Reduced the land held by Indians by almost 65% in the next 45 years.
d. Assimilation enhanced by forcing an unfamiliar lifestyle on extended families. Allotment meant the breakup of extended families into smaller (nuclear) family units.

4. Snyder Act, 1921. Provided for congressionally appropriated money to be used for the benefit, care and assistance of Indians throughout the United States.
   a. Established the BIA and IHS as agencies having permanent financial authorization, requiring only annual appropriations.
5. Citizenship Act, 1924. Indians became citizens of the United States.
6. The Meriam Survey, 1928. This study found that most Indians were poor, ill-housed, in bad health, backward, discontented and apathetic, the major cause being the Allotment Act and its application to all tribes whether prepared for it or not.
   a. Also studied effects of boarding school policies on Indian children and their families.
   b. Recognized education as primary task of Indian Service.
   c. Led to series of statutes transferring power over Indian affairs from the Dept. of Interior to the states.

B. Policy Implications
1. Destruction of Indian families and lifestyles through policies intended to assimilate Indian people into the mainstream.
2. Removal of decision making authority in criminal matters.
3. Depletion of reservation lands through taking of "surplus" created by Allotment Act.
4. States given jurisdiction over some reservations, further removing decision making from tribes.
5. Poor health, few, if any, hospitals or health care facilities on reservations.
6. Removal of children from reservations to boarding schools caused further breakup of Indian families, resulting in many children being placed in white homes while at school, sometimes permanently.
7. Indian parents having no say over where their children were sent to school. They were often rounded up forcibly by "bounty hunters," local white people who were carrying out the law.
8. No bonding between parents and very young children since parents can't learn parenting without children in the home.

III. The Period of Indian Reorganization: 1934-1953
A. This period was characterized by policies which did not aim for the destruction of Indian government nor for the dissolution of Indian culture.
1. The Indian Reorganization Act of 1934 repudiated the allotment policies of the previous 50 years, and extended indefinitely the trust status of Indian land.
   a. Made strong affirmation of the federal-Indian trust relationship and the federal duties coming from that relationship.
   b. Established reservations for "landless" tribes, restored to tribal ownership lands which had been declared "surplus" under the Allotment Act but not sold yet, adding them to existing reservations.
   c. Encouraged tribes to adopt constitutions modeled on the U.S.

structure, to become federally chartered corporations, and to manage their own business and governmental affairs.

d. Created new programs designed to meet treaty commitments, which were never honored.

2. Hoover Commission 1948. Forerunner of termination policy, proposed state responsibility for Indians.

B. Policy Implications

1. Many of the positive steps mandated by the Indian Reorganization Act have failed to materialize.
2. Many projects begun were never finished, money allocated didn't materialize.
3. Most tribes were now operated by a foreign form of government; traditional tribal leaders were no longer leaders.
4. Issues of jurisdiction, governance and sovereignty, already sensitive, were intensified.

IV. Termination Era: 1953-1968

A. Policies enacted during this era aimed at terminating federal responsibility toward Indian tribes and assimilating Indian people.

1. House Concurrent Resolution 108 (Senate concurring) 1953, a policy statement which proposed ending Indians' status as wards of the U.S.
   a. Federal benefits and services to certain tribes were stopped and their reservations were forcibly dissolved.
   b. More than 100 tribes were terminated through foreclosures on properties by banks.
2. Public Law 83-280 (1953) was enacted as a means of implementing the termination policy expressed in H.R. 108 and gave states jurisdictional power.
   a. Originally no provisions were included for obtaining the consent of Indians before permitting state jurisdiction on reservations.
   b. Amended in 1968 to require tribal consent, and gave power to U.S. to accept retrocession.
   c. Limited choices for placement of Indian children if they needed substitute care.
3. Vocational Training Act of 1956 was passed to respond to the movement of large numbers of Indians away from reservations to obtain work in urban areas.
   a. This Act provided vocational training to Indians previously denied.
   b. Part of the "relocation" policy was to assimilate Indians into the mainstream.
   c. Prior to passage of this Act, Indians were given no training, but relocated to urban areas and left to fend for themselves, in most cases.

B. Policy Implications

1. Further breakup of Indian families through relocation.
2. No services for those living off-reservations, i.e. health, etc.
3. No training/education to prepare adult Indians for jobs in urban areas.
4. More stress, no support groups, such as extended families and relatives.
5. Poverty used as a reason for removing Indian children from their homes and placing with more affluent white families.

V. Self-Determination: 1968-1980

A. Passage of policies during this era are characterized by the reaffirmation

of the rights of Indians to remain Indian while exercising their rights as Americans.

1. In 1968, PL 83-280 was amended to prohibit states from acquiring further jurisdiction over Indian reservations without the consent of the affected tribe.
   a. Also allowed for tribal retrocession from state jurisdiction.
2. Indian Education Act, 1972. Required school districts with large Indian student populations to provide remedial language, math and reading programs with federal funds.
3. The Indian Finance Act and the Native American Programs Act (1974) enacted to enable tribes and Indian organizations to develop their resources more effectively.
4. The Indian Self-Determination Act (1975) required federal agencies to permit qualifying tribes and Indian organizations to administer the federal government's Indian programs on the reservations.
   a. Also established a system of assistance to upgrade Indian education.
   b. Tribes could contract with BIA and IHS to administer programs and services themselves.
   c. Authorized the BIA to make outright grants to tribal organizations for activities which will strengthen tribal government.
5. Indian Child Welfare Act, 1978. Passed in response to pressure by Indian tribes, organizations and others, who were concerned about the effects on Indian children of placement outside of Indian families and tribes.
   a. Concern over mental and other problems exhibited by Indians who had been in non-Indian foster or adoptive homes.
   b. Concern over lack of Indian parents' and tribal rights when involved in court proceedings.
   c. Concern over the practice of removing Indian children from parents whose only "crime" was being poor.
   d. Concern over the practice of having Indian people sign adoptive papers without knowing what they were signing.

B. Policy Implications
1. Tribes began to have more say about developing and implementing programs to serve Indian people.
2. The practice of removing Indian children from their homes to attend government boarding schools great distances away was diminished.
   a. More tribes wanting and taking the responsibility for educating children on their own reservations, greater use of public schools, consolidated schools, "survival schools."
3. Indian people's right to decide what was best for their own children was upheld by the ICWA.
   a. Provided for tribal jurisdiction over child custody cases involving those Indians residing on its reservation.
   b. Recognized the "essential tribal relations of Indian people and the cultural and social standards prevailing in Indian communities and families." (ICWA)
   c. Proposed Indian children's right to be raised close to, if not within, their culture.
4. Provided for tribal control of other tribal children depending on transfers of jurisdiction from states.
5. Helped move toward the maintenance of the integrity of the family unit.

6. Policy changes did not necessarily mean a change for the better.
   a. Many tribes financially/technically unable to implement.
   b. Federal government unwilling to expend enough funds to make policies work.
   c. Tribes begin to use court system to encourage federal government to implement legislation.

VI. The Present: 1980-1989
   A. The 1980's are characterized by increasing litigation for the restoration of tribal rights and by tribal economic development. Issues continue to revolve around:
      1. Self-determination and the rights of tribes to decide for themselves on issues impacting the welfare of their members.
      2. Retaining tribal cultures, particularly through the teaching of children.
      3. Improving standards of living through better health care service provisions, employment, housing, etc.
      4. Economic Development as a tool for reaching financial self-sufficiency, combating dependency on federal aid.
         a. Bingo and its jurisdictional issues.
         b. Development of Indian businesses to spur economy both on and off reservations.
      5. Maintaining special status with the federal government.
   B. The effects of Reagan's economic policies on the issues of the 80's.
      1. Loss of forward movement in the improvement of Indian people's lives, both on and off reservation.
      2. Civil rights and affirmative action take a giant step backwards.
      3. "Maybe if we hadn't humored them . . ."

VII. The Future: 1990 and On
   A. The future needs to be characterized by alternative strategies for implementing existing policies to have a positive impact on Indian families and children.
      1. How will the policies and delivery systems be altered by or have an impact on:
         a. Federal government
         b. Tribal government
         c. State government
         d. Indian families and children
      2. How will these strategies affect the relationships between tribal, state and federal governments?
   B. What impact will policies and strategies have on:
      1. Self-determination
      2. Retaining tribal cultures
      3. Improving standards of living
      4. Economic development
      5. Maintaining special status with the federal government.

I. PRE-RESERVATION: 1789-1871

Four of the thirteen laws passed by the first United States Congress in 1789 dealt with Indians. This early policy period set the pace for the more than 4,000 federal laws affecting Indians today. Indian people have more federal laws established regarding their livelihood than any other group in the United States.

The new United States government initially dealt with Indian tribes as nations through treaties. These treaties brought Indian tribes under the protection and guardianship of the U.S. government in exchange for peace and land.

The Trade and Intercourse Acts between 1790 and 1834 further established a trustee relationship between the U.S. government and Indian people (Hall, pp. 19-20). These Acts of Congress tried to bring order to the western frontier by placing restrictions on white traders and settlers in their dealings with Indian people and Indian land. It was the policy of the United States government "to secure Indians in the title and possession of their lands, in the exercise of self-government and to defend Indians from domestic strife and foreign enemies."

These early policies also clearly established the United States Congress as the trustee for Indians. The constitutional powers of Congress to ratify Indian treaties and regulate commerce with Indian tribes provide the legal basis for this unique Congressional responsibility.

The Bureau of Indian Affairs was established as the principal agent acting for the United States government in meeting its trust obligations to Indians. It was placed initially within the War Department before being transferred to the Department of Interior in 1849.

Unfortunately for Indian people, these early federal policies were not carried out and encroachment upon Indian lands and property was a sign of the times.

Indian policy during this period was further shaped by the belief that it was the duty of Christians to civilize and christianize Indian people. The Christian reformers believed Indian culture was inferior to white culture and it was their duty to transform Indians through instruction in agriculture and education in Christian schools. Therefore "Christian statesmen and their missionary allies looked upon the Indian as children toward whom they had a parental or paternal responsibility" (Prucha, p. 10).

As the white settlers pushed westward, they forced Indians into specific areas of land. These reservations were public lands set aside by the United States government for Indian use and occupancy. Indian tribes could acquire land during this period by treaty, act of Congress or executive order.

This pre-reservation period included three alternatives to the solution of the Indian problem: exterminate them as obstacles to settlement of the frontier, confine them to reservations, or assimilate them into white society as farmers and Christians (Weaver, p.35).

Policy Questions

What values shaped Indian policy during this period? What is the federal trust responsibility for Indian people? What were the early alternatives to the solution of the Indian problem?

II. EARLY RESERVATION: 1871-1928

"Gradually Indian tribes ceased to be treated as sovereign nations and were instead treated as defeated nations." (League of Women Voters, p. 8)

In 1871, Congress decided that no more treaties would be made with Indian tribes (although treaty obligations already undertaken were still honored) and Congressional agreements were substituted as the primary method for dealing

with Indian people. These agreements took the form of Acts of Congress which had to be ratified by both houses, not just by the Senate, as with treaties. Thereafter, Indian reservations were no longer created by treaty, but by executive order until 1919 when Congressional action became the only method for the further setting aside of Indian lands. The 1871 Act did more than bring treaty making to an end. It also withdrew from Indians the power to choose their own attorneys in matters relating to Indian lands or claims, unless the choice was approved by the Commissioner of Indian Affairs and the Secretary of the Interior.

The United States Congress continued the encroachment on the autonomy of Indian tribes by the Major Crimes Act of 1885. This Congressional Act made serious criminal acts committed by Indians federal crimes, and took them out of the jurisdiction of the tribes themselves (Prucha, p. 43). The abolition of treaty making and the Major Crimes Act both further established the dependency relationship between the Federal government and Indian people.

"Late nineteenth and early twentieth-century attempts to force the assimilation of American Indians into the mainstream of American life were carried out with a vengeance through the schools" (Weaver, p.35). The federal government during the 1800's contracted with the various Protestant missionary societies for establishing Indian schools to teach agricultural and industrial arts. The Indian reservations from 1870 to 1882 were placed under the control of Christian church bodies which insisted that the Indians throw over their traditional tribalism with its communal emphasis and adopt the individualism that marked white society. To accomplish this the reformers had a three-part formula: 1) the reservations must be broken up and the land allotted in severalty to individual Indians in parcels of 80, 160 or 320 acres; 2) the individual Indians must be made subject to white laws and ultimately accept the rights and duties of American citizenship; and 3) the Indian children must be educated in English speaking schools, not only in the three R's, but in vocational skills and in patriotic citizenship (Prucha, p. 23).

Under the General Allotment Act of 1887, many reservations were divided into allotments and the surplus lands were sold to the government for white settlement. This act was based upon the belief that private ownership of land could further civilize Indian people and break down traditional lifestyles. The result of the Allotment Act was the reduction of Indian occupied land by almost 65% over the next 45 years and the break-up of the traditional extended family system into smaller (nuclear) family units.

In the 1890's a national government school system for Indians was initiated. This school system required that all instruction in Indian schools be in English, and Indian children were punished for speaking their native languages. Large numbers of Indian children were forcibly removed from their homes and sent to off-reservation boarding schools, where the attempt was to make them think, act, look and be, in every way possible, like members of white society. These schools were seen as principal means to force the assimilation of American Indian culture into the non-Indian culture. Many Indian children, placed temporarily in white homes while at school, found themselves in permanent placements. The bonding relationship between parents and children was interrupted by the government boarding school system. It was believed that by removing these children from their traditional family lifestyles, a new generation of assimilated Indians would emerge, thus resolving the Indian problem. This destruction of Indian family life by the policy of educating Indian children in boarding schools was well documented by the Meriam Report in 1928. The effects of the boarding school system upon Indian parents were in depriving them of roles of parenthood, thereby keeping the adults in a state of childhood, and in disrupting the marital ties of the adults which had been based upon a strong bond of common responsibility for children (Unger, p. 16).

Policy Questions

How did the policies of this period lead to a dependent Indian population? What result did the General Allotment Act of 1887 have upon the Indian extended family system? How did the boarding school system further result in the breakup of Indian families?

III. PERIOD OF INDIAN REORGANIZATION: 1934-1953

The allotment policy was a failure because Indian people for the most part did not become self-supporting farmers or ranchers. Instead of establishing the Indians as independent property owners and citizens, the policies pauperized the Indians. The majority of Indian people who received full control of their land quickly sold the land or lost it for failure to pay taxes or interest on their mortgages. The programs to civilize and assimilate Indian people did not work because the Indian tribes maintained a communal rather than an individualistic spirit, with an emphasis on sharing rather than on accumulating, a relationship with nature that was not consistent with rapid exploitation of resources for profit.

The Meriam Report of 1928 further documented many instances of injustice and neglect, such as the allotment policies, and recommended remedies including economic development, shifting away from boarding schools, respect for Indian culture, new sources of financial credit, and a plan for a modified form of tribal self-government. This government survey report generated the Indian Reorganization Act of 1934. The Indian Reorganization Act, or IRA, was the most fundamental and far-reaching piece of legislation passed by Congress in this century and signified a major shift in United States policy. This new policy represented a new philosophy of Indian reform which sought protection, preservation and strengthening of Indian ways in art, religion and social organization. "This philosophy offered an alternative answer to Indian dependency: reconstitution and strengthening of Indian tribes in some sort of autonomy, self-sufficiency, semi-sovereignty, or self-determination" (Prucha, p. 56).

The concern for Indian people took a marked shift in keeping with the changes in American society. The old approach, which saw as the highest good for Indian people the absolute imitation of their white Christian advisers, was challenged by a social science approach that aimed at cultural understanding and at a secular solution to the Indian problem. It was the anthropologist now, not the missionary, who was leading the way for Indian policy reform.

This concerted drive to preserve Indian culture and to protect Indian rights was led by a remarkable social reformer named John Collier. Collier was appointed Commissioner of Indian Affairs by Franklin Delano Roosevelt, and began an "Indian New Deal." His proposals were formulated in part with the passage of the Indian Reorganization Act on June 18, 1934. This law incorporated fundamental provisions for political self-government, including an elected tribal council and tribal chairman. Tribes could incorporate for purposes of economic development and a revolving credit fund provided money for business ventures. Allotment of lands ended, the trust period for tribal and individual lands was indefinitely extended, and money was authorized to purchase additional lands.

The Indian Reorganization Act did have its drawbacks and critics. It was not realistic to expect this policy change to turn the clock back on the years of assimilation policies and programs which had destroyed the traditional culture of many tribes and fostered the destruction of the extended family system. The law further organized Indian communities on a tribal basis without a real understanding that the traditional Indian economic units in many cases were not the tribe, but the smaller units of the band or village. These cultural misunderstandings led to accusations that an alien form of government was imposed on the

tribes and tended to be extensions of the federal government rather than Indian governmental bodies. "Despite the shortcomings and Indian criticism of the Indian Reorganization Act, it was an attempt by Congress to strengthen the federal-Indian relationship" (Hall, p. 23). The IRA was only in its seventh year of implementation when the nation became involved in World War II. National priorities quickly changed; advancements in reservation life all but ceased, and in some cases retrogressed.

Policy Questions

What policy change was represented by the Indian Reorganization Act?

IV. TERMINATION ERA: 1953-1968

The Collier Period was followed by a return to the old assimilationist philosophy. The new movement sought to "free the Indians" (Prucha, p. 68). The Indian tribes were to be released from the overriding guardianship of the federal government, which would terminate its responsibility to protect and provide services to those tribal groups judged ready and able to fend for themselves. Termination was fundamentally a drive to undo the basic policies of Collier. The termination era included the firmly held philosophical position that Indian people must be integrated into white society and not be allowed or encouraged to remain a segregated segment within the nation. This position reflected political and economic conditions of the decade. Postwar economy moves called for reduction of government spending. The period was also a time of economic growth, and the tying up of Indian lands and other resources in tribal enclaves went against the prevailing mood. The Cold War between the United States and the Soviet Union further placed groups with communal values out of line with U.S. policy. In 1949, the federally established Hoover Commission completed a report on Indian Affairs and recommended the complete assimilation of Indian people into the general population as the best solution to the Indian problem. The report further condoned the transfer of all existing social programs for Indians to the state governments. The Commission also promised a substantial reduction in federal expenditures if its recommendations were carried out (Indian Historian, p. 6).

In 1949, a professional anthropologist published an article which suggested that the Bureau of Indian Affairs be molded after the highly controversial World War II Relocation Authority. The author believed that the assimilationist policy of its director, Dillon Myer, was just what the Bureau of Indian Affairs needed. He emphasized that Myer had succeeded not only in relocating the displaced Japanese Americans under his charge, but had successfully liquidated his agency as well. In 1950, Dillon Myer became Commissioner of Indian Affairs and began to work actively with termination supporters in Congress to bring about the demise of its special federal relationship with Native Americans. Myer stereotyped the Indian reservations as concentration camps and believed it was his primary task to relocate the Indian people out of them. Although Myer's relocation policy remained a minor influence throughout his brief tenure, it provided the rationale and impetus for what turned into a principal element of the Indian detribalization programs which followed his administration. "Under Myer there was renewed interest by the Bureau of Indian Affairs in off-reservation boarding schools, and the commissioner stated flatly that the off-reservation education of Indian children is directed toward their preparation for permanent off-reservation employment" (Weaver, p. 51).

Termination was officially adopted as federal Indian policy in 1953 when

Congress passed House Concurrent Resolution 108. It was now the policy of the United States that Indian people were to be made subject to the same laws and entitled to the same rights, prerogatives, privileges and responsibilities as apply to other U.S. citizens, and their status as wards of the United States was to be ended (Indian Country, p. 11). This policy further moved toward abolishing the Bureau of Indian Affairs since it would not be needed when the Indian trustee relationship was terminated. The new policy was explained to Congress in terms of freeing Indian people from federal control and granting full citizenship rights. "It was supposed to improve police protection on reservations and get the 'United States out of the Indian business.' In actuality . . . the policy resulted in abrogation of treaty rights, harassment of Indians by state and local governments, weakening of tribal governments, and, for some, almost economic and social disaster" (Hall, p. 24). The Bureau of Indian Affairs, under Commissioner Dillon S. Myer, surveyed the reservations to prepare for terminating the tribes, and in the mid 1950's a number of termination laws were passed, notably the Menominee Indians of Wisconsin and the Klamath Indians of Oregon. When these laws went into effect, the United States gave up its trusteeship of the tribes' property, all federal services for these tribes (education and health care especially) ceased, and the Indian tribes were thrown upon their own resources and those of the states in which they lived.

Perhaps the most sweeping phase of termination policy came with the enactment of Public Law 280 in August, 1953. Public Law 280, more than any other enactment, exemplified both the Congressional and the Bureau of Indian Affairs commitment to detribalization. This law, while never terminating the trust status of the reservations, did transfer civil and criminal jurisdiction over Indian reservations located within their borders to state governments. The states assuming this jurisdiction were California, Minnesota, Nebraska, Oregon and Wisconsin. Public Law 280 also gave power to other states to assume jurisdiction if they desired. This law actually opened the way for the termination acts of 1954 by permitting states to assume legal authority over tribal members. The most objectionable element of PL 280 was that it provided for the unilateral assumption of civil and criminal jurisdiction by states over Indian tribes without the consent of the tribes (Indian Historian, p. 9). Of the ten Termination Bills introduced, six passed Congress in 1954. Approximately ten thousand Indians were removed from federal trusteeship and protection.

A related policy during the 1950's was the relocation of Indian people from the reservations to urban areas where employment opportunities were greater. Relocation centers were established in major cities such as Los Angeles, Chicago, and Detroit to execute the transition for Indian people from the reservations into city life. Many thousands of other Indian people, without federal assistance, pushed by economic or social pressures, joined the urban migration. The Indians in the cities, once relocated, were generally beyond the concern of the Bureau of Indian Affairs, so urbanization became another way to terminate federal ties with Indian people.

Indian people came to the cities in substantial numbers, but most were not able to establish themselves successfully in the cities. As a result they were unable to find security for their families either in the city or on the reservation. The federal government through its policies and programs was responsible for the further breakdown of extended Indian families by relocating some family members to urban areas and failing to provide adequate assistance to help stabilize Indian families in the cities. Reservation poverty was exchanged for urban poverty, but without the support of the reservation extended family system.

There were some efforts to provide assistance, such as the Vocational Training Act of 1956, which made available vocational training opportunities to Indian

people relocated in urban areas. But federal government assistance was not available to these relocated families beyond the limited vocational training period (Policy Review Report, p. 7).

The termination period with its emphasis on assimilation of Indian people and ending the federal trust relationship with tribes accelerated the breakup of the extended family, the clan structure and the tribal government system. It resulted in large numbers of Indian people feeling hopeless, powerless and unworthy. It brought about a further separation of parents from children with the renewed interest in off-reservation Indian boarding schools and the relocation program.

Policy Questions

How did the termination policy impact Indian tribes and families? What effect did the relocation policy have on the Indians extended family system?

V. SELF-DETERMINATION: 1968-1980

In 1968, PL83-280 was amended to prohibit states from acquiring any further jurisdiction over reservations without the consent of the affected tribes. In the same year, President Lyndon B. Johnson reaffirmed the rights of Indians to remain Indian while exercising their rights as Americans.

The federal government approach to solving the Indian problem in the 1960's was the economic development of the reservations. The American Indian became a part of the "Great Society" programs which focused on the elimination of poverty in this country. There was a renewed emphasis upon Indian participation in the decisions affecting their lives. Federal legislation extended to Indian tribes many other federal programs in addition to Bureau of Indian Affairs services and, since 1955, the U.S. Department of Health, Education and Welfare which had been responsible for the health care of Indians. This trend of expanded services continued throughout this period. "In the matter of civil rights for Indians, the 1960's ended with a remarkable instance of the strange interplay between the recognition of the equality of Indians in American society and simultaneous recognition of Indian autonomy and self-determination that has become the hallmark of modern Indian-white relations." (Prucha, p. 76). The Indian Civil Rights Act of 1968 granted to individual Indians, vis-a-vis their tribes, many of the civil liberties guaranteed other American citizens by the Bill of Rights, including freedom of speech, religion, assembly, the press, and requires due process in Indian tribal laws. To this extent, the Act may be viewed as assimilationist, since aspects of the Bill of Rights are at fundamental variance with Indian tribal law. However, the Act also recognizes certain residual powers of tribal self-government, it gives to any tribe the right to reject state assertion of civil or criminal jurisdiction over tribal lands and members and has served to strengthen tribal governments by directing subsequent funding for the reinforcement of tribal institutions.

In 1970, President Richard M. Nixon sent a special message to Congress on Indian Affairs that called for self-determination without termination. His goal was to strengthen the Indian's sense of autonomy without threatening his sense of community. He concluded that Indian people could become independent of federal control without being cut off from federal concern and federal support. On January 4, 1975, Congress passed the Indian Self-Determination and Education Assistance Act. The preamble of this Act points to the on-going tensions between the competing philosophies related to Indian people. The United States recognized its obligation to respect "the strong expression of the Indian people for self-determination by assuring maximum Indian participation in the direction of educational as well as other federal services to Indian communities so as to render such services more responsive to the needs and desires of those

communities," while it also declared its commitment to maintaining relationships with and responsibility to the Indian people. The preamble spoke of providing "an orderly transition from federal domination to effective Indian participation in planning and administering programs." (Prucha, p. 89)

The law provides that the Secretaries of Health, Education and Welfare and Interior may, at the request of an Indian tribe, contract with the tribe for the discharge of certain federal responsibilities, including the delivery of health services under the control of the Indian Health Services and Welfare Services and assistance under the control of the Bureau of Indian Affairs; or make grants to tribes for the purpose of capability building so that tribes may undertake such contracts. To the extent that tribes assume these obligations, it is assumed the effect will be to strengthen tribal self-governmental powers.

One major limitation on tribal contracts under the Act are those functions or activities which relate to trust resources and trust responsibility. The Act stated that contract proposals may be declined by the BIA or IHS where adequate protection of trust resources is not assured. (Hall, p. 28) Also, the Secretary of Interior is prohibited from making any contract which would impair his or her ability to discharge the trust responsibility to any Indian tribe or individuals.

The results of this law received mixed reviews. In fiscal year 1980, 370 tribes contracted for the operation of 200 million dollars' worth of programs under the Act, and $22.3 million was paid to the tribes to cover their overhead in the contracts.

But tribal leaders found (1) resistance to contracting by employees of the BIA and (2) insufficient technical assistance from the federal agencies involved as well as the (3) increased burden of paperwork required by the contract procedure. There was also the fear, so often expressed, that contracting for programs was simply "concealed termination." There is an on-going paradox related to federal-Indian relationships. If the federal government retains responsibility (now increasingly called "trust responsibility") for Indian programs, it must maintain some control of them. But federal control negates full tribal self-determination. Crucial above all else is the question of the inherent sovereignty of the tribes. Do they have such sovereignty, independent of grants of authority from Congress, and to what extent? The courts have adopted the doctrine of inherent tribal sovereignty related to the most basic principle of Indian law which states that "those powers which are lawfully vested in an Indian tribe are not, in general, delegated powers granted by express acts of Congress; but rather inherent powers of a limited sovereignty which has never been extinguished. Each Indian tribe begins its relationship with the federal government as a sovereign power, recognized as such in treaty and legislation. The powers of sovereignty have been limited from time to time by special treaties and laws designed to take from the Indian tribes control of matters which, in the judgement of Congress, these tribes could no longer be safely permitted to handle. The statutes of Congress, then, must be examined to determine the limitations of tribal sovereignty rather than to determine its sources or its positive content. What is not expressly limited remains within the domain of tribal sovereignty." (Cohen, p. 122) Under this principle, Indian tribes are composed of United States citizens, who have a governmental power that antedates the United States and are, in a sense, separate from, and independent of, the sovereignty of the general government. The catch, of course, is that it exists only at the will of Congress and is subject to complete annulment if Congress should so act.

The Indian Child Welfare Act of 1978 was another indication of the movement toward self-determination. The law came in response to statistics which documented the disintegration of Indian families by placement of Indian children in adoptive and foster homes among the white population. White social workers,

under BIA and state programs, had promoted the involuntary separation of children from their parents, similar to the old boarding school experience. To reverse the practice, the new law provided for the jurisdiction of Indian tribes in child custody proceedings and the right of the tribe or Indian parents to intervene in state court proceedings. Moreover, it gave preference in adoptions, first to the child's extended family, then to other members of the child's tribe, and finally to other Indian families.

The Act also authorized the establishment of child and family service contracts with Indian tribes and organizations on or near reservations to help prevent the breaking up of Indian families. "When this law was enacted it was also apparent that some basic tools should be provided to Indian tribes to ensure that these rights of preference could be asserted when the legal proceedings to determine the question of placement took place many miles from the reservation, often in urban courtrooms unused to dealing with Indian legal matters. As a result, the law contains unprecedented rights guaranteeing that an Indian tribe can intervene on behalf of a child in such court proceedings and requires that full recognition be awarded tribal laws and tribal court orders in these matters. Prior to the passage of the Indian Child Welfare Act, the Congress had never affirmatively recognized that Indian tribal law could legitimately reach beyond the reservation and affect a court proceeding anywhere in the United States. Although presently confined to child custody matters, this recognition could pave the way for a greatly enhanced status of Indian tribal governments in other substantive areas of governmental interaction." (American Indian Lawyer Training Program, Inc., p. ii).

Historically, federal law has recognized an intergovernmental relationship between the United States and Indian tribes, as agreed to in numerous treaties between the federal government and Indian nations. For various historically understandable reasons, state governments have stood outside the federal/tribal interaction. This has often caused misunderstandings and distrust between tribes and states. The Indian Child Welfare Act directs states and tribes to work together to achieve its objectives. The Act presents an unprecedented challenge to intergovernmental relations in the field of Indian affairs. It does not change the basic federal policy of tribal independence from state governments, but it does seek to create an avenue of creative interaction between states and tribes in the delivery of Indian Child Welfare Services. When Congress formulated the objectives of the law, it became evident that the successful accomplishment depended upon:

1) confirming exclusive tribal jurisdiction over Indian children located on reservations;
2) directing states to transfer to tribal courts, where appropriate, proceedings involving Indian children;
3) recognizing the right of intervention in state child welfare proceedings by Indian custodians or tribes;
4) according full faith and credit to tribal laws and public acts;
5) authorizing tribal initiative in retrocession from state jurisdiction where appropriate;
6) requiring state compliance with federal and tribal standards for the placement of Indian children;
7) authorizing inter-governmental agreements between states and tribes in Indian child welfare matters.

Before the aims of the Act can be realized, tribal governmental systems must be established and federal funds must be available. Many tribes lack basic resources such as trained personnel, properly equipped courts, and child care facilities, but also many have not developed and enacted children's codes. The BIA, charged with the primary federal responsibility for implementing this act, has limited

financial appropriations to respond to the need created by years of destructive federal policies and programs resulting in the systematic separation of Indian children from their families.

Policy Questions

What effect did the policy of Indian self-determination have upon the Indian family? What is Indian tribal sovereignty? Why was the Indian Child Welfare Act established?

VI. THE PRESENT: 1980-1989

The 1980's have been characterized by increasing litigation for the restoration of tribal rights and by tribal economic development. The most critical issue still facing Indian people today is the preservation of Indian tribes as governmental entities, with all the power and authority that governmental status entails, to ensure the survival of Indian children and families. Tribes possess the power to regulate the internal affairs of their members and the activities within their reservations since they are sovereign governments. Conflicts often arise with the states, the federal government and other groups over these powers. There have been five (5) historical areas of continued concern related to the development of Indian communities during the 1980's:

1) Self-determination and the rights of tribes to decide for themselves on issues affecting the welfare of their members;
2) Retaining tribal cultures, particularly through the teaching of children;
3) Improving standards of living through better health care services, employment opportunities and housing;
4) Economic development as a tool for reaching financial self-sufficiency and combating dependency on federal aid;
5) Maintaining the special trust relationship with the federal government.

Self-determination continues to be tied to the capability of tribal governments to provide for their members. The federal budget cut-backs during the 1980's have severely limited the ability of tribal government to perform its necessary functions. While Indian people compose only 0.6% of the whole population it has been estimated that Indian programs have sustained more than 5% of the budget cuts.

The 1980's have seen a resurgence of Indian community efforts to maintain traditional Indian cultural values and activities. Indian education programs have directed more resources toward teaching children their traditional values. Historically, federal programs discouraged the teaching of these values by the parents to their children. The educational movement toward educating youngsters closer to home in either public or tribal Indian schools has reinforced this effort. The problem still to be resolved by Indians and policymakers is to distinguish between those cultural values which are necessary and should be protected and those which are obstacles to community economic development.

The statistics comparing living conditions on reservations with national averages still reveal that Indian people are the poorest of the poor. Indian people during the 1980's continued to be cut off from equal opportunities by their cultural differences, special legal status and geographic isolation.

The key to self-determination and a higher standard of living during the 1980's has been a renewed emphasis on economic development. It has been recognized by the federal government and Indian tribal governments that unless businesses can be located in greater numbers on or near Indian reservations, so that jobs and income can be created for Indian families, Indian people will continue as dependent wards of the federal government.

The issues related to maintaining the special trust relationship between the federal government and Indian people still has been dependent upon the capability of Indian tribes to determine their own future. Indian tribes have increased their legal battles with the federal government during the 1980's to rectify the injustices of the past, especially related to land and water issues. Eastern tribes have sued for the recovery of land taken from them illegally and generally been upheld by the courts despite limited support from Congress and the Administration. Western tribes continued to face fights for water rights with federal and state governments.

The 1980's have followed closely the philosophy of President Ronald Reagan. The Reagan Indian policy released January 24, 1983 stated that "this administration believes that responsibilities and resources should be restored to the governments which are closest to the people served. This philosophy applies not only to state and local governments, but also to federally recognized American Indian tribes." (Indian Policy Statement, p. 1) This emphasis on the development of local government to solve local problems has resulted in a shift in responsibility from the federal government to state and local governments with less federal funds available. The Reagan Policy has further emphasized economic development partnerships with the private sector and less federal regulations to inhibit private enterprise. A Presidential Commission on Indian Reservation Economies was established to examine tribal, state and federal impediments to economic development on reservations.

In 1982, Congress passed the Tribal Government Tax Status Act which allowed tribal governments to be treated like states for tax purposes. In January of 1982, the U.S. Supreme Court upheld the right of Indian tribes to impose taxes as an "inherent right" of self-government. Gambling on Indian reservations (principally bingo) became a major source of revenue for many tribes.

The overall unemployment rate on Indian reservations grew from 40% in 1981 to 48% in 1986 according to a U.S. Department of Interior study. This included reservations such as the Pine Ridge Indian Reservation in South Dakota with an unemployment rate of 90% and a median family income of $2,600 during 1984/1985. These statistics clearly indicate that Indian tribes and Indian families continued to suffer great hardships throughout the 1980's despite federal policies directed toward economic development.

In 1988, Jack Trope, staff attorney for the Association on American Indian Affairs, in a prepared statement for the Senate Select Committee, stated that in some ways the Indian Child Welfare Act of 1978 had been successful. He said tribes now have a formalized role and substantial authority in Indian Child Welfare proceedings. Agencies and courts are required to more carefully consider the needs of Indian children and to recognize the importance to the child of his or her Indian tribe and extended family. But, he stated, the Act has not fully succeeded in meeting its goals; Indian children are still removed from their families more often than non-Indian children, and Indian children are routinely placed in non-Indian households in many parts of the country with no prior effort to seek an Indian household. A recent BIA study revealed that only 35% of all Indian children placed by state social service agencies are placed in identifiably Indian homes. In addition, a large number of Indian children are placed in non-Indian homes by private adoption agencies and through private placements.

The 1980's have not resulted in self-sufficient Indian tribes because public policies have not provided the financial assistance necessary to carry them out. Indian families have continued to struggle for their survival and the 1990's could again result in a return to the old policies of assimilation and termination.

Policy Questions

What effect did the Reagan Administration policies have on Indian tribes? What were the five Indian policy issues of the 1980's? What were the strengths and weaknesses of the Indian Child Welfare Act in the 1980's?

VII. THE FUTURE: 1990 and on

The future of Indian tribes and their families will continue to be based upon the development of the concepts of self-determination and self-government. These ideas have been hard to understand and difficult to implement. It has been clear throughout the history of federal-Indian social policy development that Indian families and children have been subjected to continually changing and conflicting social reforms from assimilation to self-determination and back again to assimilation. It is also evident that the Indian tribal and family systems have survived and will continue to function into the future. The stability of their functioning may depend upon positive changes in the following areas:

1) There must be a reform of tribal government which provides Indian communities with a stable decision-making mechanism.
2) Cultural renewal must continue to evolve and define a set of workable values for the future.
3) Economic stability must occur and generate distinct and healthy communities.
4) Government-to-government relationships between federal, state and tribal entities must be clarified and supportive of Indian self-government.

Social policy for the Indian family and children must evolve from the local Indian communities using culture, rather than politics, to determine the success of society. This will require a continued spiritual revival with spiritual leaders working together with tribal governmental decision-makers in the redefining of Indian communities based upon a balance between traditional values and economic realities. Indian parents must re-establish responsibility for their own children rather than allow outside institutions to perform this role and continue to break down the family. Child support payments must be seen as parental responsibility and this policy must be enforced by tribal government. Adequate funding of the programs necessary to develop a strong tribal-family system must be provided. Resources must be developed at the local level. Tribal economic development policies and programs must replace the expected federal cutbacks through establishment of a diversified small business economy. The Indian business ethic, which, before the coming of the western Europeans, provided tribes with full employment and self-sufficiency, must be brought back. Urban and reservation Indian communities must unify their human and economic resources and inter-tribal cooperation must become commonplace.

It has been said that Tribalism is our strength and our weakness. A strong tribal government may be the most culturally sensitive mechanism for protecting Indian families and children. But in a multicultural world where inter-marriage between tribal members and others will continue to occur, we must further develop inter-tribal values and decision-making mechanisms to respond to the needs of the modern Indian family. The modern Indian family lives in both the urban areas and the reservations and often is inter-tribal, if not inter-racial, in character. Our Indian policies and programs must reflect this reality or we run the risk of continuing a history of tribal and family instability and disintegration.

Indian leaders need to think in terms of a national government which unites the tribes together with a legislative, executive and judicial system which functions

within the federal government system. This national government system could provide Indian tribes with the authority and resources necessary to reconcile concepts of self-determination and self-government.

Policy Question

How should Indian social policy be developed in the future?

VIII. SPECIFIC TRAINING OBJECTIVES

The following social work training objectives are recommended for Indian social policy development:

A. Acquire an understanding of the historical development of the federal trustee relationship with Indian tribes.
B. Understand the conflicting reform movements which impacted Indian tribes and families throughout history.
C. Understand how Tribal government functions.
D. Understand the development of off-reservation Indian communities and families.
E. Develop an understanding of the inter-relatedness of federal-state-tribal policies.

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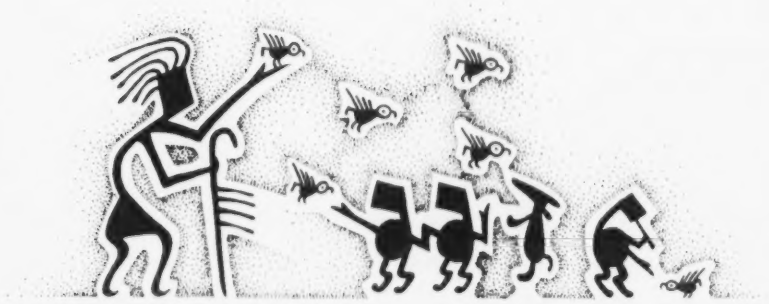
Indian Child Welfare: Perspectives on a Knowlege Base for Competence-Based Education



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HOHOKAM SYMBOLS:

An elder is teaching youth about their environment. Everything in nature is interdependent. One part cannot function without respect for another part, else, the universe turns into chaos. People and animals share the same rights for space.

INDIAN CHILD WELFARE: PERSPECTIVES ON A KNOWLEDGE BASE FOR COMPETENCE-BASED EDUCATION

This paper examines selected aspects of knowledge vital to competence-based education in Indian child welfare. While intended for entry level public welfare workers serving Indian communities, the material need not be limited to recent graduates in social work. Indeed, the state-of-the-art in Indian child welfare suggests need for further training among experienced welfare personnel in both public and Indian-specific programs. Indian children are still at risk for arbitrary removal from family systems, for extended foster placement arrangements in non-Indian homes, and for abrogation of rights mandated by provisions of the Indian Child Welfare Act of 1978 (U.S. Department of Interior, 1988; Johnson, 1988).

This paper is not intended as an exhaustive analysis of Indian child welfare. It simply articulates conceptual areas of knowledge important for theory building in competence-based education programs. As such, it is not filled with "how-to" recipes, but serves as a critical inquiry into issues of racial differences and turmoil. The material is presented in three brief sections. Section One discusses the philosophy of cross-cultural relations in America. This notes non-Indian attitudes that have guided encroachment to the detriment of Indian ways of life. Its historical backdrop touches on underlying events that influenced passage of the Indian Child Welfare Act of 1978. Section Two introduces important concepts in Indian family development. This offers critical analysis of Indian family structure. Its emphasis upon cross-cultural differences between Indian and non-Indian family systems provides a glimpse into cognitive barriers confronting public welfare personnel. Section Three discusses professional ethics in cross-cultural treatment. This links the law of the land with child welfare services. Its portrayal of continuous non-compliance that abrogates the rights of Indian children suggests a need to examine ethical questions in the field of child welfare.

Readers will note that the areas of knowledge depart from standard fare in social work education. The reason is twofold. First, social work professionals need to become personally exposed to Indian experiences, feelings, and attitudes which influence resistance common among Indian clients. These are not non-sequitors associated solely with clinical processes but derive, in many cases, from historic and contemporary political relations between Indians and non-Indians. Second, competence-based education assumes a need for cultural depth and breadth. Indian perspectives drawn from political history and law are crucial to this task. This suggests that curriculum in graduate social work needs to be more interdisciplinary. Such expansion would promote theory building in Indian child welfare and thrust professional education a step beyond empty efforts in curriculum integration. Theory building is crucial to the articulation of universal value patterns among American Indians which serve as analytic frameworks for tribal-specific behaviors among clients in treatment. Essentially, theory is vital to systematic cross-cultural reasoning necessary for informed clinical diagnoses, case assessments, and treatment plans.

Philosophy of Cross-Cultural Relations

Indian history is dominated by colonial intrusion. Westward expansion transcended mere physical mobility with white settlers marching to opportunities in the new frontier. It was a spiritual movement uniting religion, military power, and political might. Manifest Destiny guided the removal of Indians from historic lands, the subordination of traditional Indian law to an American political system,

and the military subjugation of tribes who resisted advancing civilization. Colonial intrusion was a holocaust that inflicted more than death and physical brutality; it preyed upon the fabric of Indian life. With support from the federal government, non-Indian churches dismantled traditional Indian religion. The government with assistance from religious missionaries sponsored educational programs that removed Indian children from families and supplanted Indian languages with English.

Principles inherent in Manifest Destiny still have impact on Indians as the nation moves into the 21st century. Indians finally regained freedom of religion in 1976; however, a recent U.S. Supreme Court decision clarified that Indian religious freedom is clearly subordinate to non-Indian economic development. Tribal sovereignty was reaffirmed in 1976; however, the Alaskan Native Settlement Claims Act terminates most Alaskan Natives effective with 1991. The Indian Education Act of 1974 empowers Indian communities; however, the federal government still does not provide official sanction for funding for Indian language renewal programs. Such is the tragic irony of colonial intrusion: Indian empowerment is hampered with conditional clauses designed to preserve white domination.

Colonial intrusion is often viewed as a political philosophy in the distant past. However, water conservation projects to build dams during the 1930's stripped land from American Indians. This was implemented without regard for tribal religions. A dam covers sacred ground of the Mandan in North Dakota, and burial grounds of the Chippewa in Wisconsin. In the 1950's, the federal government launched a termination program to strip Indians of federal recognition. Ostensibly, this would promote movement of Indians into the mainstream of American society; however, Indians rightfully anticipated loss of land as an obvious byproduct of this program. Colonial intrusion paves distrust among Indians, particularly since they are defined through a land base.

Human service professionals prefer immunity from allegations of colonial intrusion. However, their intrusive behavior included corporeal punishment and psychological arguments. Assaults on Indian children in school were common through the 1970's, and removal of Indian children from families were couched with terms such as "in the best interest of the child." Professional assault wreaked havoc with Indian family systems. During the 1940's, Indian children became popular in transracial adoption programs. Tribal families saw their children transferred to middle-class, non-Indian homes. Eventually, government funding supported an international program called the Adoption Resource Exchange of North America. It had an uncanny knack for colonial expertise and organized an adoption chain between Canada and the United States that thrived in the placement of Indian children until the 1970's. Withdrawal of federal funds supporting this program was never considered until the first National Indian Child Welfare Task Force met in West Virginia during 1976.

Human service professionals assumed major roles in a federal relocation program launched in the 1950's. This intended to move Indians into mainstream society through "bread and butter" programs such as job training to improve economic opportunity. Again, extended kin systems were ravaged. Key family members moved from reservations to urban areas for training and employment. Without doubt, some Indians managed well under the relocation program, but most did not. Its long-term effects can be measured today. Indians in urban areas lead all other population groups in social indicators for unemployment and school dropout rates.

Colonial intrusions, irrespective of time and place, dismantled major attributes of family life among American Indians. Language transmission, self-government,

religion, and kin systems were altered within most tribes. However, tribal people are resilient. Their human bonds can be distorted but never broken completely. Many groups anticipated long-term effects of cultural erosion. Hence, migration patterns from urban areas to reservations remain unusually high among relocation Indians. While family systems were subjected to enormous stress, they adapted to maintain important kinship bonds. This points to a vital historical theme: psychologically, most Indians resist efforts to immerse them into mainstream society. While subordinated and treated outside rules of humanity, Indians maintain values, reconfirm cultural behaviors, and recapture structural integrity of family systems.

While Indian families struggled against colonial intrusion, intervention by human service professionals mounted a toll of casualties. Research before passage of the Indian Child Welfare Act of 1978 noted that 25 percent to 35 percent of all Indian children were placed outside Indian family systems (Byler,1977). Further research suggests that children within this cohort experience unusual psychological trauma. They commonly exhibit clinical depression, and their suicide rate is estimated at 70 per 100,000 (Berlin,1987). Removal of children during that period contradicted ethical principles of child welfare practice. Westermeyer (1977) indicates that removal of Indian children from families was premature and that Indian families did not receive supportive interventions commonly used in family social services. Moreover, family circumstances were such that Indians could have benefited from casework services. Estimates that 99 percent of Indian children were removed for allegations of parental neglect; only one percent were removed for allegations of child abuse (Limprecht,1979). Public hearings drawing testimony from Indian parents mirrored these findings. Indian parents voiced first-hand experience of professional brute force administered by insensitive social workers and court services.

Tribal response to this institutional abuse was uniform. They recognized that colonial intrusion through professional services was decimating tribes and families. This was not through benign neglect, tribal incompetence, or family turmoil; it was through family courts armed with social workers. The Indian Child Welfare Act of 1978 was overwhelmingly supported as a mechanism to reverse colonial intrusion by human service professionals. Among Indians, the Act is akin to the Nuremberg trials: It intervened against an historical holocaust. Provisions of the Act prevent unwarranted removal of Indian children from natural family systems, empower tribal courts with original jurisdiction in child welfare matters, and establish kinship and cultural standards for removal and placement of Indian children (Harrington, Schau, and Tuthill, 1985).

Indian Family Development

The Indian Child Welfare Act is, in many respects, a family conservation act. Its provisions structure child placement in a manner that reconfirms extended kin systems among American Indians. Essentially, it seeks to redress historical intrusions that disrupted and fractured cultural family systems. This feature is commonly misunderstood. Fishler (1980) penned a jeremiad suggesting that the Act subordinated the "best interests" of Indian children to parents and tribes. Hence, it threatens the wellbeing of children. While aware of extended kinship structures among Indians, Fishler discounts historical intrusions and contemporary threats to Indian families. His arguments appeal to mainstream American lifestyles but are out of touch with cultural family conservation that guided passage of the Indian Child Welfare Act of 1978.

Family systems among American Indians vary considerably from those of mainstream America. Hence, existing models of family life drawn from the social

work body of knowledge are of limited value. Most social work literature, for example, conceptualizes family according to single household units. This parameter even guides understanding of extended family systems which are formulated as three generations within a single household. Salient human relationships, therefore, are subordinated to physical structures.

Red Horse (1980) notes that Indian family systems organize around relationships that include a number of households. This is not simply a social phenomenon; it is a spiritual bond strengthened through language and religion. In traditional communities where native languages are spoken, these relationships reenforce daily with grandparents, aunts, and uncles cast in parental roles. Among some tribes, the Indian word for "grandmother" and "aunt" translate literally into mother. A similar dynamic occurs among cousins of the same generation. They are not distant kin. In Indian language, they are brothers and sisters. Hence, human relationships rather than physical structures are critical variables in Indian family systems.

Dynamics of family life are readily captured in small, traditional villages. These generally organize as single-family communities with populations up to 350 members. In these settings, field sensitive behaviors and collateral relationships are acted out on a daily basis. Depending upon tribal custom, for example, parental discipline may be administered by an uncle or an elder. Responsibility for other aspects of child supervision is also assumed by extended kin. This includes functions which mainstream society attribute to biological parents such as providing for physical, emotional, and nutritional needs. This is not an abdication of responsibility by biological parents but a cultural style of child rearing.

Diffusion of responsibility for child supervision creates environments that foster unobtrusive styles of child rearing. Adult kin are present to supervise the behavior of children; however, children are given latitude to develop self-reliance without undue interference. Adults are not threatened with loss of authority because respect across age groups is a central tenet in this cultural arena of child care and concern. This is the essence of field sensitive, collateral behavior: children are expected to respect others just as adults respect the life space of children.

Many Indian family systems organize as multiple village domiciles which cross state boundaries. These form into complex, interstate extended kin structures. Some Sioux families, for example, span South Dakota, North Dakota and Canada, and Papago families span Arizona and Mexico. These structures are difficult for non-Indian professionals to understand. For members of Indian families, however, they are "givens" in a network of kin relationships.

Collateral roles and relationships are bifurcated in interstate structures. Their intensity outside the domicile village varies according to contact patterns. Some family groups initiate contact only during ritual ceremonies. These will meet around six to ten times a year. While physical contact appears limited, it is generally intense because of ceremonial activities. Other family groups meet frequently through events such as pow-wows. These generally camp together for six months a year and contact with kin is on a daily basis. Some village families from Sisseton, South Dakota, for example, meet with an international set of aunts, uncles, and cousins during the pow-wow season. They set up campsites in North Dakota, South Dakota, Montana, Minnesota, and Canada. During these periods, family renewal takes place through honoring ceremonies and ritual giveaways. Hence, family roles and relationships are guided by spirituality that fosters respect and collateral behavior across geographic boundaries.

Urban groups are recent additions to interstate family systems. Mass migration to urban areas among Indians did not begin until after World War II, and urban

groups did not outnumber their reservation counterparts until 1980. This urban trend, however, differs among tribes and leads to dramatic variations in family demography. A vast majority of family members in the Southwest tend to stay on or near their home reservations. In Arizona and New Mexico, 75 percent of Indians live on reservations and speak tribal languages. Other geographic regions, however, experience considerable migration away from home reservations. Many of these move to California where 88 percent of the Indian population live in urban areas and tribal language retention is about 28 percent. Most Indians in California are members of out-of-state tribes. Some of these, such as members of the Cherokee and Osage tribes, have a plurality of tribal members in California urban areas.

Urban Indians pose serious problems for human service professionals. Little is known about them because no agency routinely collects, analyzes, or publishes data on urban Indians (U.S. Congress, 1986). Much of the existing data draw from investigations of general socialization patterns which emphasize problems in adjustment such as unemployment or poor school performance. While important, this data does not capture essential features of strength found among urban family units. Moreover, urban Indians include two distinct cohorts which confound any analysis. One cohort consists of Indians who migrated from reservations. The other consists, in particular, of second generation urban Indians. Family behavior among these cohorts varies considerably.

Indians who migrated to urban areas from reservations maintain kinship ties, exhibit child rearing patterns common to reservation counterparts, and build enabling systems to survive in a seemingly alien environment. They prefer to socialize with other Indians, to receive human services from programs with Indian staff, and to organize, if possible, into closed communities. These behaviors lead to three important characteristics. First, they exhibit high rates of migration between urban residences and home reservations. Whether this migration is to attend pow-wows, to participate in rituals, or to seek relief from city life, it serves as a powerful source for family reconfirmation within extended kin systems. Second, they create functional equivalents to compensate for fractured family systems. Other Indians who are non-family members assume critical roles as uncles or aunts. Whether this occurs through formal adoption or on a friendship basis, the arrangement replicates an extended kin system. Third, they engage a spiritual renaissance. This reaffirms cultural behavior that make urban Indians a unique citizenry in metropolitan communities. In Los Angeles, for example, a pow-wow or sweat lodge ceremony is held every week of the year. While these are well-advertised, these are beyond the ken of non-Indians. Collectively, these behaviors guide cultural revitalization and reenforce Indian ways learned in childhood societies.

The life cycle of urban Indians who migrate from home reservations, therefore, follows a distinctive cognitive and emotional map for life span development. Early childhood imprints a command of field sensitive, collateral relations characteristic of extended kin systems. While adulthood introduces an economic need to penetrate mainstream society, early childhood patterns are acted out through a maintenance of relationships either through actual contact with kin or through a replication of family roles with non-kin. These behaviors are carried forward to elderhood. This life cycle points to an important theme among this cohort of urban Indians: They never really join mainstream society on an emotional basis. Their behavior, in most cases, follows early childhood injunctions. In social situations and in specific child rearing activities, they remain unobtrusive and believe that the extended kin system is still present.

Second generation urban Indians are a recent phenomenon that includes children born between 1970 and 1989. Empirical knowledge about this group is

scant; limited observations, however, suggest that they struggle with Indian identity. They know about kin on the reservation but interaction is minimal at best. They seldom visit reservations to renew kinship ties, to participate in rituals, or to attend pow-wows. Without a grounded understanding of Indian ways that is normally received in early childhood, they form fractured units in extended kin systems. This does not imply that they are non-Indian. Indeed, many participate in spiritual renaissance to reenforce their differences from mainstream society. They are also well-read and act out a general pattern of Indian behavior. Whether this tact will succeed depends on urban leadership in years to come. At best, we can say only that they are a "new wave" struggling to find a niche in Indian country. While they may enjoy rock and roll more than Indian songs, perhaps they are a vanguard destined to recast Indian perspectives with new definitions of cultural strength. Such may be necessary by the year 2000.

In sum, unalterable cultural attributes permeate family development among most Indians. Extended kin structures organize as open family systems which foster collateral, field sensitive role behavior. In such networks, child supervision is a community concern, not an isolated role limited to biological parents. While commonly reenforced through religion and language, extended kin structures are replicated when splinter groups form. This occurs through spiritual renaissance, migration patterns, or formation of fictive family arrangements. These renewal behaviors persisted through several destructive periods of colonial intrusion, and cultural strengths were maintained without benefit of supportive public policy. The Indian Child Welfare Act of 1978 acknowledges the viability of cultural family strengths and endorses extended kin structures for the "best interest" of Indian children. Whether it can provide effective legal oversight for cross-cultural services remains to be seen.

Professional Ethics in Cross-Cultural Treatment

The Indian Child Welfare Act of 1978 provides several safeguards for family development. Its provisions restore tribal sovereignty in child welfare matters by mandating jurisdiction to tribal courts. Essentially, this extends principles of *in loco parentis* to Indian governments. Its provisions also require witnesses with tribal expertise in matters of foster placement and adoption. This assures that traditional interpretations of family and parental roles will guide child welfare decisions. Finally, its provisions structure procedures for child placement. These are consistent with Indian family development and provide three safety nets for Indian children in need of placement outside the homes of biological parents. The first safety net mandates natural extended kin systems as initial settings for foster placement and adoption. The second safety net mandates tribes of which children are members as placement settings. This includes clan members and general members of the tribe. The third safety net mandates rights to heritage. This specifies placement in homes with Indian foster or adoptive parents without regard for tribal membership. As specified, these distinct avenues for placement are rank ordered. Extended family is always the preferred placement.

Provisions of the Act are straightforward. However, nothing ever seems as it should be in Indian child welfare. Social workers, lawyers, and judges run slipshod in enforcing provisions of the Act. A national status report suggests that the number of Indian children in placement doubled since 1984 and that Indian children are placed in substitute care at a rate 3.6 times greater than for non-Indian children (U.S. Department of Interior, 1988). Moreover, the rights of children in this study were consistently abrogated. While statistics varied according to specific study sites, results are not encouraging. Tribes were notified in only 65 percent to 80 percent of child welfare cases. Placement settings with at lease one Indian foster parent were arranged in only 35 percent to

47 percent of substitute care cases. Unfortunately, survey instruments used for the study did not retrieve data on placements within extended kin systems. Finally, preventive efforts to avoid removal of Indian children were provided in only 41 percent of the cases studied.

The status of Indian children in California was not included in the national report. Its data does little to build optimism. A 1984 compliance review reports on 203 cases and notes consistent departure from key provisions of the Act (State Department of Social Services, 1984). Tribes were notified in only 14 percent of the cases. Qualified witnesses with tribal expertise were used in only 14 percent of placement hearings. Placement settings with at least one Indian foster parent were arranged in only 42 percent of substitute care cases. California data does account for placement with extended kin and notes that 36 percent of the children were placed in natural family systems. Preventive efforts were a bright spot in California with 75 percent of the families receiving rehabilitative services.

Several reasons are advanced to mitigate non-compliance with provisions of the Act. Some are palatable. Funding levels for program implementation have never been adequate, and development of Indian foster homes has never kept pace with needs. However, the issue of professional ethics drifts unstated. This is raised, of course, among Indians who stand aghast over trends in child welfare. Appearances seem that Indian children are not important in contrast to other compelling social issues. One neophyte to Indian child welfare captures the essence of this attitude in a blast of candor:

> The gist of it is that I don't know much about the act. I think that the safest, most professional answer I can give is to say that I'm not sufficiently familiar with the field to examine the proposal. But in all fairness, I did have this reaction: Boy, this is certainly a minute aspect of a small topic. We're really talking about the mite on the flea on the dog. Now, that isn't exactly fair because children are important . . . and the act affects Indian children across the U.S.

Such arguments are common among general audiences that are ignorant about trends in Indian child welfare. However, on the other hand, social work professionals sanction a code of ethics that articulate family matters as a paramount concern, and officers of the court honor a code of ethics to uphold the law. Yet they march into matters of Indian child welfare without giving full faith and credit to the law of the land. Tribes are not notified for hearings. Preventive efforts are shallow at best but most commonly overlooked. Expert witnesses are not sought out to lend cultural context in child welfare matters. Children are not placed in Indian homes. The upshot is that Indian children suffer greater institutional abuse today than during periods before passage of the Act.

Johnson (1988) reports on one aspect of ethical concern in Los Angeles County. He surveyed social workers in child welfare, attorneys, and family court judges. Each cohort has an ethical responsibility to uphold the law or support family life. The study sought out levels of training received to support implementation and general awareness with provisions of the Act. Data were consistent across cohorts. Sixty-five percent of the social workers did not receive training and 17 percent received only a one day lecture or film. Fifty-four percent of the attorneys did not receive training and 38 percent received only a one day lecture or film. Fifty-four percent of the judges did not receive training. Among cohorts, 38 percent of social workers, 33 percent of attorneys, and 46 percent of judges believe that procedures of the Act work poorly. The bright side of the study is that respondents overwhelmingly favor the Act. This includes 86 percent of social workers, 87 percent of attorneys, and 82 percent of judges.

Reports from the field note obvious lapses in cross-cultural treatment man-

dated by the Indian Child Welfare Act of 1978. Perhaps Indian families and children are destined to suffer from another facet of colonial intrusion, namely, benign neglect. However, human service professionals have incumbent responsibility to master provisions of the Act and to organize cross-cultural treatment plans. This resides in clearly stated codes of ethics. Normally, at this point, one advances a master plan suggesting directions for improvements in the status quo. I offer no master plan but will share some observations. First, human service professionals ought not serve in matters about which they are unprepared. To do so is simply arrogance at the expense of Indian children. Second, didactic training with a quick study of the Act is not sufficient preparation for cross-cultural treatment. Learning involves two basic attributes: an ability to acquire knowledge and motivation to apply knowledge gained. These assume that students or trainees will master complex features of family and community life among American Indians. This obviously is not the case in current practice. Third, knowledgeable Indians including community paraprofessionals need to be hired in the child welfare chain. In their absence, local programs and court systems will be unable to effectively seek out tribe of enrollment, availability of extended kin for child supervision, and qualified substitute care arrangements. Fourth, and finally, basic institutional shifts need to occur in professional schools. Matters of Indian child welfare need to be inserted uniformly as required curriculum. This would assure, in the future at least, that Indian children would benefit from services of highly trained professionals.

Summary Discussion

This paper discussed selected aspects of knowledge vital to educational competence for Indian child welfare. Three themes were advanced. First, colonial intrusion dominates relationships between non-Indians and Indians. Whether under the aegis of "a greater common good" or "in the best interests of children," Indian families suffer extreme hardship through policies and procedures that disrupt family life. Second, most Indian families adapt to life circumstances irrespective of hardships endured. Whether family units are fractured through geographic movement, religious oppression, or child removal, cultural attributes of family development persist to the present day. Third, cross-cultural treatment mandated by provisions of the Indian Child Welfare Act of 1978 is seriously averted for a number of reasons. Most importantly, this includes ethical considerations with respect to substantive knowledge. Simply stated, Indian families and children do not benefit from quality care and treatment.

While the paper offers an alarming Indian perspective, it is not intended as a jeremiad. Indians have endured through various forms of holocaust in past years and have bounced back with increased commitment to cultural ways of life. The intent of the paper is to alert the professions. Hopefully, they will respect that Indians remain separate from mainstream society through distinct values, beliefs, and customs. Regardless of funding levels, training, or availability of qualified substitute care, respect for cultural diversity is a *sine qua non* for implementation of the Indian Child Welfare Act of 1978.

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Two Perspectives on Working with American Indian Families: A Constructivist - Systemic Approach

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PIMA, HOHOKAM:

"Hukchuda" defines the Pima naming ceremony (cf. Christian baptism), in which the child is offered to the first rays of the sun. He is presented by the medicine person who names the child. In this depiction, the artist uses a theme taken from both Piman and Hohokam symbology to give a graphic image to an ancient ritual.

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Two Perspectives on Working *with* American Indian Families: A Constructivist - Systemic Approach

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TWO PERSPECTIVES ON WORKING *WITH* AMERICAN INDIAN FAMILIES: A CONSTRUCTIVIST-SYSTEMIC APPROACH[1]

Sam Gurnoe and Jim Nelson

What follows are two narratives written from two differing perspectives: one (Gurnoe), a Dakota-Ojibway, and the other (Nelson) an Anglo-mix. Both authors have worked together with inner-city families in the same agency and community in Minneapolis for fifteen years, and as a result, have shaped, challenged and taught each other.

These two narratives are offered, in the spirit of interpretive anthropology (Tyler, 1986; Marcus & Fischer, 1986), where the reader, as authority, is invited to bring the two personal narratives together, picking and choosing what seems to make the most sense in working with the family sitting in front of you whether you call it therapy or just being helpful.

Some qualification is probably necessary at this point. We are suspicious of the focus these days on methodology and technique. That is, a tendency for therapists to rely excessively upon formula-like approaches to working with families. We have found that the desire to be competent "therapists" often gets in the way of facing people as fellow humans. We believe, like others (Cecchin, 1988 and Palazolli, et al., 1978), that a sure sign of becoming too technique and methodologically oriented is the loss of curiosity and the gain of certainty in the mind and actions of the therapist. A stance of "certainty" is particularly problematic when working in cross-cultural situations. The challenge of avoiding "certainty" and cultural egotism has led us to embrace some of the tenets of constructivism and systems theory: that reality is a complex and emergent process of interacting systems unknown, in any complete sense, to us "mortal humans."

What we are attempting to provide is an over-arching framework that makes it possible to utilize a very wide set of sub-theories with their various assessments and interventions. In fact, we believe a constructivist-systemic framework allows the therapist to utilize styles covering a very wide range of possibilities, e.g., a therapist using the framework offered here can utilize genograms or sculpting, a Bowenian focus on history or Haley's focus on the present. The challenge for the therapists is to think about a family and not simply conduct family therapy. Therefore, what we have not done is provide you with the details of all the possibilities; that's up to you and your journey as a therapist or agent of change.

In being somewhat brief our language may be overly precise and, at times "thick." Some of you may feel critical toward our use of therapeutic jargon. It is not our intention to act superior but to share our world from the perspective of therapy. We believe that becoming more familiar with clinical terms and concepts will enhance one's ability to effectively advocate with and for those clients who seek a change in their complex lives.

ASSUMPTIONS IN OUR WORK

Therapy And Indian Families: A Question of Cultural Fit (Gurnoe)

Respectful assessment with American Indian families requires that some mutual understanding and knowledge exists between the mental health practitioner and the clients. Without this common ground, poor diagnosis and one-sided assessment are unavoidable. The words we use to describe are important. For instance, the word Indian(s) is an incorrect and worse, an imprecise term. I use it in this module only because it serves an ease of writing, but it is a mistake to use the term "Indian" for assessment purposes.

More accurate understandings can be obtained by realizing that the original inhabitants of North America and their descendents are all members of specific tribes. Additionally, some North American tribes may share common views of the world and others may see things quite differently from each other. It is my assumption that it is the privilege of every society to determine for itself its own standards and beliefs.

Family therapy is an approach to mental health that was born out of Western psychology. Although it can be a useful framework not all Western European notions of psychology have been found to be compatible with the beliefs of indigenous American tribes. We cannot assume compatibility in our world views. It is crucial that every counselor who wishes to provide culturally adaptive family therapy ask himself the ethical question, "will my style of counseling fit (accommodate) the beliefs of the client?" It occurs to me that it might be best for the professional to ask this question before therapy begins. If the answer is no, I suggest a quick referral to someone better suited to serve the client. Realistically, though, this question will always be implied whenever a counselor and client start the process of forming the therapeutic relationship, a coming together for mutual understanding.

There are some important attitudes that we, as counselors, can adopt to better prepare ourselves to respond to the needs of clients whose beliefs are different from our own. Flexibility on the part of the counselor is a key attitude for approaching interactive assessment with American Indian families. I cannot overemphasize this point. Those of us who will not accept the challenge to stretch our personal knowledge beyond the limits of our own familiar culture will be severely handicapped in helping people whose cultures are different from ours. Again, if we cannot understand the client's world view, we will not understand the client's behaviors.

Assumptions about using the tools of Therapy (Gurnoe)

This module is designed to share a perspective on family counseling with American Indian families. It will explore two basic elements of family counseling and their use with American Indian clients. It is the authors' desire that this module will serve only as a guide for further study into the complex world of intra-cultural (within) and inter-cultural (between) family counseling. It is not our intention to represent this module as "the truth" or the "right way to work" with every family. The authors realize that no two families respond alike or believe exactly the same things. We also realize that it is the richness of this difference that has made the family unit the most successful framework for human survival ever devised by humankind.

All counseling models deal in human perceptions, attempting to change both how people look at and experience a problem. In different ways, all counselors try to influence the views of a client with respect to how problems are identified and emerge as well as the actions or behaviors that are generated as a result of a problem. What kinds of solutions are being attempted to resolve or manage the problem(s) on the part of the individual, the family, the referral source and the therapist is another way to talk about these issues. With these general goals in mind, all counseling, whether individual, group or family, makes use of two separate, yet interrelated procedures: assessment and intervention.

Assessment is any process that collects and contrasts information. In family therapy, this information is usually gathered by direct observation and through conversation. The purpose of assessment is to determine the hows and wherefores of a family's ability to organize its members for the task of problem solving. It is generally considered good practice to minimize any interference with how a family conducts its business during assessment. Ultimately the

counselor, as a stranger to the family, will have to make a determination as to whether or not he will be able to help the family.

Intervention is a term used to describe the kinds of activities that counselors employ to help the family. Generally, it refers to all of the levels of influence that a counselor evokes in order to bring about a climate for change in a family. The key understanding here is on "influence" because a counselor cannot change a client. Family therapists address their influences and challenges to two primary areas: individual or group perspectives and organizational roles and expectations.

In turn, more detailed discussions of both assessment and intervention will be addressed in this writing. By way of setting a tone for the reader, I will mention that this writing is informed by a practitioner's perspective of family therapy with American Indian clients. In this sense, it is intended to be practical and experience based. I firmly believe that every practice should be wedded to sound theory and this overview can be found in the companion section of this module. Finally, these views are formed solely upon the professional experiences and personal assumptions of the author during the past twelve years of family therapy practice with American Indian families.

Assumptions: Relationships, Complexity, Flexibility and Uncertainty (Nelson)

There are four assumptions that I have found helpful in my cross-cultural or sub-cultural work.[2] These four assumptions are: (1) relationships are key, (2) reality is a process of social construction, (3) generally, flexibility and diversity denote health, (4) a stance of "functional paranoia" is pragmatic for the change agent.

Relationships are key. People change within the context of a relationship with an other(s). Generally, I have found that this other, in a therapeutic context, is one who is insatiably curious. This curiosity promotes interactions or conversations between the change agent and the client system and these interactions promote history-giving or sharing of self(ves). It has been my experience that therapists with good interpersonal or relationship-building skills are not only more likely to be "successful" with families but a curiosity-driven work seems even more appropriate to situations demanding cross-cultural sensitivities.

Reality is a complex process of social construction. What is assumed by this statement is that "objective reality" happens when a group of people decide what is "really real" — not that that reality is any more real than any other. Cultures, societies, groups, families and/or individuals use these emerging "definitions of reality" to control their own survival and/or to persuade or coerce others to behave in a fashion similar to their reality. Developmental theory is an example of the "social construction of reality" from the vantage point of the dominant culture, i.e., white, middle-class. What a particular individual, family, group, society and/or culture has defined as "objective reality" emerges from the complexities of relationships between people; therefore, simplistic or correct notions of causality are rejected. What is important, in a world where reality is assumed to be the by-product of a complex social process, is that the family worker be attentive to and work with the various systems and relationships in the lives of a particular family (Bronfenbrenner, 1979).

On an individual basis, reality is assumed to be emergent, based on perceptions and dominant distinctions standing-out, in the individual's "mind," from less dominant distinctions. Therefore, change in its simplest form is perceived difference or contrast, a situation in which a dominant distinction is being successfully "challenged" by an "interesting, new idea." Families sometimes remark, "I never thought of it that way." Another way to think about it is to remember situations when you are more or less aware of your peripheral vision; when someone or something draws your attention to the periphery, things

can change!

Generally, flexibility and diversity denotes health. Systems that have developed rigidly repeated responses to situations are at greatest risk of developing "pathologies" as defined by a particular group.

A stance of "functional paranoia" is pragmatic for the change agent. Drawing on the relational emphasis of curiosity and the notion that reality in the world is complexly defined as well as the notion that rigidity of response or pattern is closer to pathology suggests that the change agent strongly consider questioning what he/she perceives or believes about the world in which he/she lives.

OUR ASSESSMENT PROCESSES

Cultural Sensitivity and the Process of Assessment (Gurnoe)

It may seem that, for any well-intended helping person, doing assessments which lead to direct intervention(s) with families are fairly straight forward tasks. However, it is my opinion that they are complex and that the complexity of these procedures is often overlooked. Oversimplification on the part of the counselor during an assessment can sometimes appear to be disrespectful to a client. With American Indian clients, this can be seen in situations where the counselor has different views of the world from those of the client. It can also occur in situations where the counselor is a person who is familiar with, and perhaps even shares, the client's world views and beliefs. The challenge in assessment is to obtain some small glimpse of how the client views his reality. Entering the complex world of another person is a difficult, yet necessary task. When entering, a helpful rule of thumb for the counselor is to "seek simplicity and mistrust it" (attributed to Alfred North Whitehead).

Assessment is Interactive

A generally held assumption is that therapists are privileged persons who, as a result of their training and education, know "how things really are" and "what is best." Some schools of thought assume that if a helping person learns about human behavior and how people think, that they will be equipped to know when people are well or not well. I believe that there is danger in this as "being right" which is far too strong a responsibility for any single person to carry.

The error in this kind of teaching is that it does not consider that different societies (cultures) may actually think differently from one another. That is to say, others may arrive at the same place as we do (or not), but they go there by a different path. All of us have known examples in our daily encounters with others, or perhaps in our travels, where we saw that people did things differently from ourselves. How peculiar we might have thought this was. Some of us made a mental note of this curiosity. Sometimes we shrugged our shoulders and went on about our lives thinking, "what did it matter if their lifestyle was a little unusual by our standards?" Others of us may have been tempted to wonder if maybe these people weren't somehow confused or mixed-up? Perhaps they had never been taught how to do things the right way, as we had.

This module draws its perspectives from the assumption that people think, act, and will continue to be different from one another. Further, that health, and especially mental health, is "made up" by the members of a given society. Families are relationship groups within a society. As such, they are both influenced by, and in turn influence, the society to which they belong.

If you can accept this premise, it follows that assessment of what is mentally healthy or what is not comes out of the beliefs, customs and world views of the client (family) along with the counselor's beliefs, values and world views. It is

important to consider that these sometimes very different sets of values must be examined if we are to begin the process of helping and healing, using the modern practice of family therapy. Interactive assessment means a sharing by both the client and the counselor of the responsibility for what is being assessed. It implies a reasonable attempt to reconcile the views of both the client and the counselor in determining standards for mental health.

Culture Groups and Tribe as a Frame for Family Organization

All too often, assessments are conducted that do not consider the relevancy of the client's culture or cultures. This oversight becomes evident for many professionals who attempt assessments with American Indian families and discover that many American Indian people are bi-cultural (tribal and American). What can be startling for the professional is the realization that the client(s) has the flexibility to accommodate the language and values of American society as well as tribal society. This can present certain dilemmas. How then does a counselor, who is not familiar with the tribal values of his client, know which set of values the client is speaking to or representing during an assessment interview? Is the Indian client accommodating the counselor's value system or is he accurately representing tribal values? Perhaps two or more value systems are being blended in a way that absolutely confuses the professional!

In a family assessment with American Indians, the functions of specific tribal societies, and how they influence the individual and family, are absolutely essential for a family worker to understand. Unfortunately, inaccurate and imprecise information about the dynamics of tribes continues to misinform professional counselors who find themselves working with Indian clientele. Many professionals in the mental health field are simply unaware of the significance and relevance of tribal status among Indian people. To the extent that this cultural dismissal prevails, the mental health field as currently practiced in America will continue to under serve Indian people and, therefore, Indian families. I find it unacceptable that professionals remain unaware of the multiple social contexts that may inform an Indian client's point of view. Specifically, contextual assessment with Indian families must include a determination of the Indian client's tribal identity and the degree of participation in the tribe(s).

Culture groups are helpful only as a broad description. Important clues and differences for individuals and families are lost by lumping people together under the banner of Indian culture. But, for those who are willing to take a closer look, important information can be noted in the uniqueness between tribal groups. For many reasons an awareness that all tribes do not operate in the same way is worthy of consideration. Clearly a therapist who is discriminating in the use of this information utilizes therapy more effectively, making culturally relevant assessments and interventions that are accommodating to the client. One can get a better sense of how individual and group behaviors conform to cultural standards when observations (assessments) are coupled with a sensitivity toward specific tribal customs, etiquette (rules of living), form of government (decision making and leadership), gender roles (male/female relationships, parenting and family organization), and social status (hierarchy, personal and family boundaries).

Tradition and Adaptation: the Flexibility of Cultural Plurality

The term "traditional" is a contemporary term that I have heard used to describe the time honored values, beliefs, forms of speech and customs of some tribal societies. Frequently, I have heard counselors use this term to describe an individual or other members of a tribe. I am not altogether convinced that this kind

of labeling is helpful as it sets up a kind of false standard by which tribal people are compared or rated along some imagined continuum of behaviors and values. What is not helpful about this is that tribal customs change (as they always have) to fit new demands for survival. I do not advocate dismissing current tribal customs. On the contrary I have already stated that I think this is essential information. However, at best, knowing the customs of a tribe must serve as a kind of general standard, a starting place from which to guide the therapist's understanding. From here, care must be taken to consider to what extent individuals or families practice the customs of a tribe and whether or not they view these customs as valuable. Sensitive assessment with an Indian family examines how people reconcile or balance their present lifestyle to tribal values and whether or not this causes any problems for the family or for the wider society in which we all participate. This style of assessment, conducted by a culturally informed counselor, can begin to pinpoint stress in the family.

Group and Family Hierarchy

In family assessment, there are many areas you can explore. Conversation and observation will permit you to assess a family on many levels. Assessment should discover how a family organizes itself and explore the line of authority or hierarchy in the family. In family counseling terms, this is sometimes referred to as a structural assessment. Most importantly, avoid being an authority and be prepared to let a family help you to discover its unique organizational style.

Begin by finding out if there are several generations living together. Inquire if father or mother find satisfaction in their current roles and occupations. Do these activities follow tribal customs? With two or more adults in the home, who decides the family activities? Try to determine if this hierarchy fits a tribal custom, or has it changed, conforming now with non-Indian ways. Perhaps the family is trying to follow unfamiliar values because of some outside social pressure for them to adopt non-Indian social expectations. Has the family decided to abandon all or some tribal customs, seeing them as not helpful for surviving in today's world? It could be that the family practices a combination of tribal customs blended with non-Indian, wider social values. The parents may have come from different tribes with different views on parenting and decision making. This can sometimes lead to confusion when they are deciding and experimenting with rules by which to raise their children.

In some families older adolescents have been assigned parenting roles with younger children. A parentified-child is a functional structure in some tribes and in some families.[3] If this structure is observed, try to determine if the adolescent(s) accept this role or if they resent it. In either case, the role may place too much responsibility upon them. A rule of thumb to follow is that this style of hierarchy is only a problem if it causes too much conflict for the family to resolve.

These and other levels of assessment help family counselors to see how a family conducts its affairs. It is essential that a counselor have some basis for understanding the family's patterns of interaction. That is, who manages family business, on whose behalf, with whom in the family and under what circumstances. A family counselor who does not seek these dynamics during assessment not only runs the risk of shooting in the dark when it comes to planning interventions but also may interject an agenda foreign to the family.

Shared Meaning and Language Choices

Verbal communication is so much a part of our lives that it is practically impossible to manage our affairs without it. Therapeutic assessment involves conversation, a dialogue between a minimum of two people. As counselors, we

must ask for information we receive through therapeutic dialogue and assess this information in a context of shared meanings. By this, I mean that descriptive words need to be understood mutually by the counselor and the client. We can sometimes fool ourselves into believing that all people we speak with have the same understanding of our words that we do. Additionally, we may tend to assume that because our nation uses a language called Standard English, that all people with whom we speak express themselves best in this language. This is not entirely so. In fact, there is every possibility that these kinds of linguistic assumptions will be challenged when counseling with American Indian families.

A language is organized and serves the collective "world view" of a group of people, who together form the society. The primary purposes of language are to transmit commonly shared ideas and perceptions about the society and to conduct relational interactions (conversations) between members of the society. Many languages have been transcribed into the symbolic representations that we know as writing. However, not until the nineteenth century had any of the unique tribal languages of North America been transcribed into a written form.

All people have what is known as a "home" language or "mother" tongue. This is the first language with which we learn to express ourselves. For many Indian people the language of their native tribe is their home language. Not only is it their first language, but often it is their preferred language. These individuals are able to express themselves best and most clearly in this language. Now, this can present a problem for the counselor who is familiar only with mono-lingual Standard English, particularly if the client is also mono-lingual but in another language. In this case, a common shared language or an interpreter must be found.

There are also situations in which the client is bi-lingual and shares a common language with the counselor. If a client decides to communicate in English, even though he may be more fluent and precise in his native language, the counselor must realize that he is being accommodated. The counselor should note that the client is taking care to be helpful as this may be an indication of what is called "joining." More will be said about joining later.

In my region of the Upper Midwestern United States, inter-tribal and cross-band marriage is common. Bi-lingual or multi-lingual Indian families are numerous. Indeed, individual family members may represent several different home languages, within the same family. Additionally, individual members may use a different tribal dialect of the same language group within the family. Whether or not the counselor is familiar with the client's tribal language(s), conversations are sometimes laced with a mixing or a switching of languages. Most frequently this happens from Standard English to a tribal language. The ability of a counselor to move freely between a common language such as English or Spanish and an Indian family's preferred tribal language is an immense benefit. This ability, called language accommodation, is an extremely helpful skill. When doing interactive assessment it allows for precise, shared meanings to unfold and it also minimizes the potential for cultural bias.

Regardless of whether one is familiar or not with tribal language(s), clear communication is the responsibility of the counselor. However, the inability to communicate is restricted not only to people who are speaking different languages. Oddly enough, I have seen counselors fail to communicate with clients when they both spoke English. This happens when a counselor incorrectly assumes and fails to seek clear meaning from the words chosen by the client. It may also happen when a counselor uses professional terminology (jargon) instead of using words that have a common, shared meaning.

Family assessment happens by the observation of activities and through

conversations, not only your conversations with family members, but also the conversation flowing between family members (enactments). Remember to temper your evaluations by looking for alternative explanations for the behaviors you see. Do not be too quick to decide and be flexible in what you assess. The bottom line is, what you determine will focus your interventions as a helping person.

Assessment: "Looking for Rigidity" in Perception, Interaction and Family Structure (Nelson)

Assessments, regardless of the training or qualifications of the assessor, are "invented" in the mind's eye of the therapist as a result of interacting with the family and its many systems. For example, a "trained" or educated assessor is merely trained to look for certain types of dynamics and will obviously leave out other details or dynamics. When a family has been labeled as "chemically dependent," it's not that the family is actually "chemically dependent" but that the particular family has been labeled as such by someone trained to make-up, "invent" the label upon "finding" certain behaviors. A label never completely represents the family and often is a gross generalization. Labels are a combination of interactions, perceptions and behaviors that emerge from the family, the referral source and the therapist in interaction with each other. Remembering the earlier stated assumption about health, the task for the family worker is to assess for repetitious, rigid or inflexible patterns in individual or family perceptions, in interactional sequences and/or in family structure/organization. These patterns are only hypotheses in the mind of the therapist and referral source about the family and its habitual ways of operating in the world.

We have found that three generic areas of assessment are manageable and effective frames for hypothesizing interventions with a family and referral system. These three areas are: perceptions, interactions and structures.

Perceptions. Basically perceptions are opinions or how one sees the world. I believe it is essential for change agents to actively seek-out the opinion of the client on any matter germane to therapy, to attempt to understand how the client understands his/her world, for instance a dad who often expresses the opinion that his son "is worthless for not going to school."

Interactions are exchanges of information or conversation, including verbal and non-verbal communication as well as behaviors, that change agents look for that appear to be sequential, repetitious patterns, e.g., mom and dad verbally seem to disagree often or the daughter seems to always end up on dad's side.

Structures are particular alignments of components of family organization, e.g., roles, boundaries, sub-systems, that a particular culture or society infuses with function and expectation relative to the evolving values of that culture or society. When a particular structural alignment becomes rigid or inflexible in a family system, that system begins to attract the negative attention of the particular culture, society, groups and/or family and becomes labeled as "pathological." If, for example, the children in a family seem to interrupt the parent(s) (parental sub-system) frequently, the parent(s) actually may not get much time to function as a couple or to plan as parents. Over time, this particular alignment may contribute to stress on the couple as well as the children. Structural analysis generally links with a particular society's expectations of how people and families should develop (developmental theory) as certain family structures are deemed helpful (or required) for certain developmental stages. The social expectations for adolescents as neither fully adult nor fully child appears to require, in this society, a "normal" tension in the family as the adolescent begins to "leave home" for life as an adult.

OUR INTERVENTIONS

Intervention as Joining and Expanding World Views (Gurnoe)

The Therapeutic Reality

Usually, families enter counseling because there is some problem that someone is complaining about. A problem statement is not assessment. Problem statements only give a counselor an issue to talk with the family about, but implied in a problem statement is a request for help. Accepting that we can help and clarifying what it is we are helping with, forms what can be called "therapeutic reality." This reality is mutual as both client and healer must believe in their union and that the union will benefit the client. How a counselor helps, the actions that are deliberately planned, are interventions.

Intervention is a process by which a counselor enters the life of a family in order to bring about a "newness." All interventions are attempts to have a family adjust to a new awareness of their problems. Interventions are creative and need to fit with the specific world view(s) (culture) of the family. The primary responsibility of the family counselor is to bring about this newness for the family. This happens as the counselor's views are offered to the family and their views in order to bring forth and shape difference. In family counseling, interventions are generally of two types, reframing and restructuring. Reframing is an action that intervenes with how a problem is seen by family members and suggests alternative ways of seeing. Restructuring intervenes with how a problem is organized or maintained by the family's habits of structure or organization.

Formal therapy with all families begins with a contract. This is not necessarily a written document but more like an understanding between the client and the counselor as to the reasons that bring them together, coupled with a request for and an agreement to help. Frequently, a contract comes out of a client's description (in the family members' own words) of some sort of problem or complaint. Often however, an additional complaint is offered by a referral source outside the family. Additionally, the family counselor may see the problem in yet another way. In this sense, it can be said that problems and therapeutic contracts are co-constructed from many systems and perspectives of which three are key: the client(s), the referral source and the worker.

The primary responsibility of the therapist is to advocate for favorable outcomes or change with the client. If change is to occur, it must be seen as relief to the client. Usually, if family experiences change, it will be accompanied by an observable difference in how they conduct their affairs. This shift of a "difference" in either structure or perception is observable to the experienced counselor. This change, in turn, leads to additional movements by the family. It is a natural process by which families learn to respond and adapt themselves to changing needs and issues. Eventually, the family will learn that flexibility is a key skill for dealing with their problems.

Families that are able to adapt their resources to deal with changing needs will usually be able to satisfy many problems from wider referral sources. However, this is not always the case. In such instances, the counselor may involve an advocate with the family to help manage the wider system complaint whether the referral source, school personnel, courts, etc. As you will read subsequently, we utilize a brief problem solving approach that we have found useful with American Indian families during the past ten years of family therapy practice.

As stated earlier, the contract, various labels and problems are co-constructed. Obviously counselors are going to approach problem solving with hypotheses that are informed by their assessments and also geared toward some kind of

action. This interactive view of counseling implies that the counselor may have a different agenda from that of the family, in terms of how problems are managed and what interventions might be helpful. We might call this agenda, therapist intentionality.

I have often supervised family counselors who seemingly do not recognize that they are operating with a slightly different agenda from the family's. Perhaps this happens because the counselor has become overly confident in the rightness or correctness of his/her skills. However, as in the assessment process, counselors must examine their personal cultural beliefs prior to designing specific interventions with a family. This applies to all family counseling situations, but it is particularly important when attempting cross-cultural counseling.

Intervention and Counselor Skill

Intervention is a by-product of counselor skills. The best thought out intervention will prove effective only if it can be skillfully delivered by the therapist. Well crafted interventions, whether reframing the meaning of a problem or restructuring a family's style of organizing around a problem which has been hypothesized as generating the conflict, will bring about a "climate" for change. The array of micro-skills that I have found useful in working with Indian families are numerous. Suffice it to say that skills should be constantly developed, improved and added to a counselor's "bag of tricks" as well as to their own framework of change. Rather than focus on the countless micro-skills, I will provide a summary of some general areas of skill building for a counselor to consider.

Communications: What We Say Isn't Always What Is Heard

Often, in counseling Indian families, I have found myself unable to find the precise words that could create a difference with a family. As a professional communicator, I see this as my limitation. Whenever my best chosen words of wisdom "aren't cutting it," I find myself remembering a basic rule of communication: be a good listener. I avoid assuming a central role in the counseling session, being the master of communication. Instead, I will ask the family members to talk among themselves. This skill, known as enactment, is perhaps the single most effective tool for my work with families. If I can get family members to talk to each other for an extended period of time, I will be able eventually to know more about what words to use in order to invite change.

Some family members speak very directly with each other. Others communicate more by slight body movements or inflections in their tone of voice. Others speak in metaphor. Some of these styles reflect cultural characteristics, both the family's culture or the family's perception of the counselor's culture. But, rarely have I found an Indian family that did not respond to metaphor or story telling. Story telling allows us to draw upon the rich and creative world of fantasy to bring in a "newness." A skill worth developing for effective communication, especially in reframing, is the use of metaphor.

Joining: The Making of Relatives

I recall once I was visiting with a father who was seeing me because he was having problems with his teenage daughter. While we were talking, I was trying to make him feel at home and less tense about counseling. We both shared our tribal backgrounds and a few stories. We drank some coffee and he offered one of his cigarettes for me to smoke. As I believed it to be disrespectful to refuse his offer, I graciously accepted. At this point, we had joined. That is to say, he and I

both accepted that together we could perhaps be helpful to each other.

Later this father lamented about his limited access to extended family members, which denied to him the help of others with his problems. We spoke of the importance of extended family and of those strangers adopted into the society of the tribe. Together we talked of older times with our tribes and the effectiveness of having a community of people to help out. Again, this man offered me a cigarette, followed with a request, "would I act as a kind of uncle for his family?"

I relate this story only because joining with a family as a healing person demands responsibility and closeness. A family counselor who is uncomfortable with human intimacy is in trouble as a helper. Yet, joining a family "as a kind of relative" does not mean that you are a relative. This is always a matter of degree informed by personal and professional boundaries. Family counselors must accept and be accepted in ways that enhance their helpfulness without limiting their ability to suggest change.

Evidence of Change

Whenever family members express that they are done and this is coupled with your observations of restructuring, you can begin the intervention of closure. It is important to mark growth with families and closure does this. Moreover, in family therapy the goal is not to relieve people from problems, but to help them find ways to face them that bring satisfaction. When a family is able to shift, to deal more flexibly with new demands and stresses, it is a well functioning unit. If the counselor is unsure whether reframing or restructuring has really taken place, an intervention that introduces stress issues into the family can be attempted, testing the relative effectiveness of interventions.

Conclusion

The many kinds of interventions that can be employed with family systems are limited only by the imagination and skills of the therapists. I was once told by an experienced counselor that there really was no such thing as a bad intervention (Palazolli, et al., 1978), unless it was to do nothing at all. Really, interventions provide the therapist with information (feedback loops) as to what works and what might work better. An intervention that fails to produce the intended response helps you to know what not to try. A final note, if what you are trying isn't working . . . try anything else!

Intervention Skills as Contrasts: Reframes, Enactments and Restructures (Nelson)

From my assumptions, I have utilized three generic interventions for each area of assessment: reframes for perception, enactments for interactions and restructures for structures.

Reframes (Watzlawick, 1974, Coyne, 1985) are basically attempts by the therapist to redirect the perceptual attention of the client or family regarding a particular situation or frame in a manner that results in a change of meaning for that particular situation or frame. For instance, the dad who speaks often about his son being "worthless" for not going to school might be swayed to focus differently on his relationship with his son if the therapist asks, "can you tell your son why it is so important to you for him to go to school?" The end result might be and, in fact, has often been, something like, "I want him to go to school because I didn't and I want him to have a better life than I did." The meaning of the particular situation shifts from "my worthless son" to "I care that my son's life is better than mine."

Enactments (Minuchin, 1974, Haley, 1976, Palazzoli, 1978) are attempts to have family members function as a family as they might at home as well as having family members try on different interactional combinations. This clinical skill is based on the assumption that interactions regulate relationships; how else would the therapist "observe" these regulatory loops if not by requesting family members to speak or enact with each other? For instance, in a situation where a daughter and dad often end up siding with each other in a coalition of some kind, the therapist might actually have the daughter leave the room and have mom and dad talk with each other about how their daughter might be getting in the way of their relationship or how mom and dad could work more closely together.

Restructures (Aponte, 1976, Umbarger, 1983, Fishman, 1988) are simply attempts at altering assessed structural alignments. Utilizing the example given above, the actual request to have the daughter leave the room is a restructuring move to firm up the boundaries between the sibling subsystem and the parental subsystem. The actual request by the therapist for mom and dad to talk with each other in the absence of the daughter is enactment.

PUTTING IT TOGETHER: A PROBLEM-SOLVING PROCESS (Nelson)

The concepts and assumptions expressed earlier come together in our problem-solving procedure and are focused (Nelson & Shelledy, 1980, 1982). Over the years, we have come to believe that therapy with multiple-problem families in inner-city settings must be not only culturally sensitive, focusing on and working with how the clients see and understand their world, but also pragmatic to the point that therapy is immediately applicable to the family's situation in life and practical in enabling the family to "get better." We have found that a problem-solving orientation to therapy (Haley, 1976) satisfies these beliefs:

> . . . the therapist is a problem solver. It is his job to clarify and get people over the specific problems they bring to him. If a child is presented as a problem because he sets fires, the goal of the therapist is to arrange that the child no longer sets fires. In the process of solving the fire setting, organizational changes may be made that allow the child and parents to grow and develop, but the focus is on the symptom (p.172).

The following, four step process represents The City's revision of Watzlawick, et al. (1974) "problem formulation" procedure where the therapist, in the initial interview, facilitates responses from family members to the following questions:

> (1) "what problems are you experiencing in your family (generally asked of all family members)?"
> (2) "which problem would you like to work on first (generally asked only of the parental subsystem)?"
> (3) "what have you tried in the past to solve this problem (generally asked only of the parental subsystem)?"
> (4) "what will be the first sign or clue to you that things are getting better (generally asked only of the parental subsystem)?"

This procedure emerges from the orientation discussed earlier and represents numerous opportunities for the therapeutic process to unfold. This procedure provides *a forum to elicit the trust of the family*, accepting what the family offers as their problem by taking the time not only to hear from the family but establishing the "therapeutic contract" based primarily on the family's, particularly the parents', agenda. Unfortunately, helping professionals, with the help of the referral source, too often form their own agendas early, very often even prior

to meeting the family, as to what is problematic or "pathological" within the family. This move not only closes the opportunity to hear the perspectives of the family but it also underscores the mistaken notion that the viewpoint of the therapist is somehow of a higher, more important order.

Of course, the referral source and therapists' perspectives are important for consideration as they certainly contribute to the "construction of reality" for the family. However, our bias has been that these opinions should emerge after the therapists have contracted on issues important to the family. Beginning therapy by establishing an agenda based on presenting problem(s) from the perspective of the family contributes to building a competency in problem-solving and over-all family self-confidence as the family is credited with the ability of "knowing" its members. Families, also, tend to have more "energy" for issues they believe are important. If this energy is coupled to a problem-solving procedure, the entire relationship between the therapist and the family takes on a more practical focus. Working with this family-driven agenda becomes one of the first joining and accommodating acts (Minuchin, 1974) a therapist can make by using "the family's own movement to propel it in the direction of the therapeutic goals" (p. 138). For this to happen, however, a therapist usually has to counter the natural tendency to create the agenda, adapting him/herself instead to focus on the family's agenda.

This problem-solving emphasis engages the family's existing perceptual processes for examination, providing the therapist *a setting within which the therapist can begin to observe and construct working frames (hypotheses)* about those rigid, inflexible perceptual, interactional, and/or structural processes that define, shape and reinforce what the family has articulated as *the* problem.

As discussed earlier, one of the goals of therapy is to hypothesize, through assessment procedures, rigid patterns of perception, interaction and/or structure. It is assumed that these rigid processes produce a particular label. The therapist, after hypothesizing these patterns, generates interventions (contrasts) to alter those processes, all with the hope eventually of altering the necessity for the old label. Both therapist and family begin therapy with a sense of focus and influence: the therapist because he/she can get to the work of constructing hypotheses for reframing without having to contrive an agenda and the family because their opinion or "assessment" of their own situation is being taken seriously.

It is important to remember that regardless of the content or label, hypotheses about rigid patterns are always available to the therapist. The therapist, however, in his/her necessary use of labels, will always run the risk of oversimplification. Paying attention to and working with three generic labeling processes: the family's, the therapist's and the referral source's, provides an analysis of a variety of systems interacting with the family or what Bronfenbrenner (1979) has called an ecosystemic analysis. These various systems actively contribute to the family's reality and their problems. Although, the emphasis is that primacy should be given to the agenda of the family, other agendas represent wider environmental interactions that impinge upon, shape and define the family as "dysfunctional" or "pathological." Minimally, the therapeutic team is wise to weave the other perspectives, agendas and processes of the wider systems into the course of treatment.

The clinical skill of enactment (Minuchin, 1974) is an essential operation for *assessing and treating both interactions and structures* of the family. Simply instructing family members to speak with each other about issues or problems allows the therapist the kind of "distance" necessary to observe the family doing its business. Assessing for rigid patterns or dynamics, either in interactional sequences or structural alignments, without taking the opportunity

to observe the family actually interact seems nonsensical. The therapeutic team should be keenly aware of opportunities, during the initial interview and subsequently, to utilize enactment.

However, not only does enactment allow for therapeutic assessment, but the simple act of talking to each other opens up both old and new pathways (Minuchin, 1981) as well; the family may become re-accustomed to talking and interacting with each other. Interpersonal competency in relationships is potentially improved through the therapist taking the opportunity to have family members talk *to* each other rather than *about* each other.

Assessment and treatment of the family's structure (hierarchy, roles and/or subsystems) is a classical operation in both structural and strategic therapy:

> Spouse subsystem boundaries should be clear enough to protect the couple from intrusion by children or by adult members of the extended family. Family therapists must often work in this area, because an inappropriate rigidity or diffusion of the spouse subsystem boundary is a common source of dysfunctional transactional patterns (Minuchin, 1974, p. 145).
>
> Parents are expected to be in charge of their children, and cross-generational coalitions, such as one parent's siding with a child against another parent, are blocked. There is also a cautious concern about where the therapist is in the hierarchy, so that he or she does not inadvertently form coalitions with members low in the hierarchy against those who are higher (Madanes, 1981, p. 22).

"More" or "less" democracy in a family system may be "more" or "less" appropriate at specific developmental stages. In our context, families with adolescents and younger children appear to function effectively and without some kind of social intrusion under a kind of "benevolent dictatorship," i.e., while children certainly give input, parents make the final decisions. Most frequently, parents come to therapy feeling powerless and ineffective, having abdicated their influence in the system to their children. As Aponte (1976) has noted, this kind of family is without effective leadership, appearing "under-organized" in its collective ability to derive "maximum benefit" for itself and its members. Relatively speaking, a family system that appears to be "always chaotic" tends to produce members, particularly children, that approach the world reactively, having little or no experience in being successful with being proactive, having lived in a world in which one can "count on" very little.

Our structural techniques and interventions are aimed, in part, at reestablishing and maximizing parental influence by emphasizing and clarifying generational boundaries. This is accomplished through suggesting structural definitions for the family's consideration and, at times, physically moving the family subsystems, parental and sibling, through a variety of restructuring experiences designed to allow the family the opportunity to "try on" being more flexible with differing "alignments." It is the rigidity of roles, boundaries and subsystems that are hypothesized as contributing to the loss of parental influence and potentially lead to a rigid, dysfunctional pattern in a family, or, more simply, a loss of family flexibility.

In structuring this problem-solving procedure, the parent(s) are placed in position to take primary responsibility for defining the problem, establishing goals for therapy and evaluating success. While the siblings may have input during this process, it is important that the parents define the problem and set the parameters of therapy by providing the final responses. In keeping with the overall goals of therapy, the therapist(s) contracts as a team with the parents in working on a particular problem.

It is important for the therapist to ask that the parents discuss each question and come to consensus regarding their response (enactment). While there are many levels of interaction taking place at this point, most obvious is the "forced" teaming required by the problem-solving procedure. The parents are structured with the therapist team into a "united front"; for the time being, they are on the same side. While it may become appropriate later to explore the differences between the parents, initially, it is essential to support what the parents hold in common and to present a picture of solidarity and leadership to their children.

Important problem-solving, crisis management skills are also implicit to this procedure. Those inner-city families that find themselves socially, economically and culturally "oppressed" have great potential for underdeveloped problem-solving or management skills due to the necessity of focusing on day-to-day survival (Aponte, 1976). This situation also makes it difficult for the family, particularly the parents, either to have or take time to reflect on, plan for and/or address potential or actual problems confronting their family.

The first question combined with the second ("what problems are you experiencing in your family?" and "which problem would you like to work on first?") forces the parental team to enact, to prioritize. Prioritizing is a fundamental part of goal setting and, taking it one step further, goal-setting is a necessary component of effective problem resolution. This prioritization process does not suggest that other problems are not important but that the family begin somewhere and take things a step at a time. This emphasis enhances the possibility for problem management and/or resolution.

Review of the solutions attempted by the family, in question three ("what have you tried in the past to solve this problem" — generally asked only of the parental subsystem), is necessary to provide the therapists with direction and facilitate evaluation by the parents. Further, this exploration is conducted so that the therapist will be careful not to insult the family by suggesting solutions that have already been attempted by the parents. The formulation of a list of attempted solutions provides a context for the parents to consider past solutions, discarding those that have been proved ineffective.

The fourth and final question allows for smaller, more manageable increments of change and improvement. Too often, families look for sweeping change. When this does not happen, they become discouraged and give-up on efforts that may have worked had they stuck with their plan. Families need the encouragement that things are improving or could get better. The identification of the "first sign" provides a kind of measurement tool of concrete evidence that positive change is/may be taking place.

A primary thesis of Watzlawick, et al. (1974) is that oftentimes what a family identifies as a solution(s) to a particular problem becomes patterned and rigid over time while not effecting a solution to the problem. The solutions become "more of the same" or, "the solution becomes the problem." (p. 31). The third question in the procedure ("what have you tried in the past to solve this problem?") *provides the therapist a forum to further explore the issue of "the problem as solution."*

For many families in crisis, the "inability" to solve and manage problems does not lie in the impossibility of the task but in the solutions attempted and the repetition of those attempts. Parents tend to make assumptions about appropriate parental behaviors and these assumptions may prohibit the resolution of a particular problem. Parents often box themselves in with a particular response set and end up limiting the flexibility of their responses and subsequent ability to manage, e.g., "we *always* ground our children." In this way, the solutions attempted become the problems. An analysis of the solutions attempted for a particular problem provides an opportunity for the therapists to identify a rigid

tendency or pattern in the solutions attempted. Disruption of those tendencies through reframing provides the potential for change.

A CASE STUDY (Gurnoe and Nelson)

It is important to note that content issues or *labels*, whether about health, school problems, child abuse and neglect and/or substitute care always suggest particular and complex interactions. What is important is not so much the particular label but those interactions that define, regulate and maintain those labels or symptoms. Consistent with family systems theory, we target our interventions to alter feedback loops within and without the system: perceptions, interactions, and structures hypothesizing that, if these loops change, the label will no longer be functional or symptomatic. Of course labels are important as they provide access to the dynamics within the family or, as Keeney (1983) has suggested, by encouraging the therapist to work with both the "it" or the label as well as those "processes that lead to it" or feedback loops.

At the time the X family requested family help, the father, an Ojibway, and mother, a Dakota, had been married for 5 years. Both mom and dad had children from previous marriages, but none from this marriage. Both reported being "recovering alcoholics," having been through treatment a number of times. Mom's youngest son was part of their "number one problem" as mom and dad identified compliance issues as problematic, e.g., non-attendance in school, disruptive and assaultive behavior when in school, running away from home over-night.

In the course of the first session and as a result of the problem-solving procedure, the therapist hypothesized from family enactments and interactions that mom and the son tended to form a coalition that appeared to exclude step-dad (*structural & interactional*). Dad tended to be stern with his step-son and spoke often about how important it was for his wife to be consistent and set-up consequences. Later, in the first session, with the son out of the room, mom reported that she didn't believe that her husband liked her son; dad reported that he felt his wife put much more importance on her relationship with her son than with him. This dynamic gave further credence to the hypothesis of a parental child coalition between mom and son and supported by dad. All subsequent interventions would be directed at producing alternative dynamics perceptually, interactionally and structurally.

Subsequent sessions were begun with mom and dad together establishing the agenda for the sessions. The son was kept out of the room for these conversations in hopes of further reinforcing mom and dad working together. Additionally, opportunities for step-dad and son to spend time together were explored. It was also hypothesized that son and step-dad's relationship would be only as strong as mom and dad's relationship as husband and wife.

Meetings were held with school personnel to discuss and strategize regarding the son's behavior (*working with wider systems*). Therapist used this opportunity to further underscore the importance of mom and dad working together to plan their agenda for the school personnel.

In subsequent sessions, the county's child protection unit became involved over past allegations of familial incest and other adults sexually abusing the son. The therapists took the opportunity to further strengthen the parental subsystem with this involvement by facilitating what action the parents wanted to take in relation to the allegations (*enactments & restructures*). Mom and dad denied their involvement although stated that their drinking certainly could have resulted in "crazy" sexual behavior. It should be noted that the allegations of sexual abuse by the parents were not collaborated by the son or any other source and formal charges were not made. However, the parents did corroborate

that other adults outside the family may have indeed sexually abused the son in the past.

After three or four months of working with the family, the son continued to run even when the family took him on shopping trips. On some of these occasions, the son became involved in initiating and having sexual contact with adult *males*. Mom and dad began to plan, with the county's help, for their son to enter residential treatment. Upon admission, little work was done with the family, focus directed instead on the individual dynamics: diagnosed attention deficit disorder and subsequent medication of the son.

The family continued off and on with therapy for the next two to three years usually around some kind of management of a family crisis. Almost always, the breakdown seemed to occur around the parents not getting along and a coalition forming between mom and her son over against the step-dad. Often threats were exchanged between mom and dad about starting to drink again; this apparently did not happen. Therapy involved moves encouraging and underscoring the importance of mom and dad working together if the family were to stay intact (*enactments & restructures*). Further, it was emphasized that mom and dad needed to take time to function as husband and wife. The therapists assessed that, without some structure within the community supporting this family, it would be difficult for mom and dad to manage parenting their son given his unwillingness/refusal to stay home. The family's church community provided some of this support (*working with wider systems*).

It had been several months since the family had been actively attending sessions. During the previous months, the son had been institutionalized in a variety of behaviorally oriented residential "treatment" settings. This now twelve year old pre-adolescent had not committed serious juvenile justice offenses, but due to his frequent running episodes he had been placed with the county child protection services. Child protection services was the primary case manager and was responsible for the multiple out-of-home placements. The rationale for these placements was that his frequent sexual solicitations placed him at-risk.

During this time, the child received no formal treatment addressing the issue of his sexuality. Additionally, there was no attempt by any treatment setting to approach either the family or the child in a culturally sensitive manner even though the last setting was located less than fifty miles from three of Minnesota's largest and most densely populated Ojibway reservations. One by one these placement settings were terminated and finally, all state resources having been exhausted, the child was returned to his parents against their will.

Again the family entered therapy with the initial therapist. At this time, the therapist engaged the assistance of a female staff co-therapist who was also an American Indian. This teaming approach was initiated in order to provide a context of cultural fit in the therapy with the family. In this phase of therapy, cultural accommodation issues emerged and the team began to organize a different level of response with the family. The addition of the Indian therapist made it possible for both a community and tribal oriented response to emerge from the therapy which in turn expanded the parents resources for help with their child (*working with wider systems & reframing*).

The new co-therapist assessed and hypothesized that the parents' style of parenting might be informed by their distinct and different tribal orientations. Interestingly, the couple appeared to have shared meanings and beliefs around the issues relevant to their status and roles as a married couple (*restructures, enactments & reframes*). This assessment provided a different context for the therapists to see potential interventions. Contrast messages (reframes) could be underscored and delivered in ways that accommodated the specific tribal beliefs of the individual adults and still confirm parental teaming, while

accessing a wider variety and flexibility of behavioral options from the family. An additional consultation by an American Indian, male therapist was requested by the co-therapy team. This consultant had the same tribal background as the mother of the family. During this consultation it was decided that the initial therapist should abdicate his role as the primary service provider and that the new male/female Indian therapy team would join with the family. It was hoped that restructuring of the therapy team would provide contrast messages to the family that further and more precisely embodied the contexts of community and tribe.

This final phase of therapy demonstrated an entirely different kind of relationship context from the earlier therapeutic realities. Subtle communication patterns and interaction between the parents could now be seen as representing appropriate tribal custom and as such were normalized with the family. Much of the restructuring with the parental/marital subsystem had been accomplished by the initial therapist. This early work freed the new therapy team to shift the axis of therapy into a discovery mode, whereby the parents could begin to draw upon the fullest resources of their respective tribes to help their child. Several sessions were required for the process of resource examination and elimination to be enacted in therapy. Finally, several kinds of interventions were "discovered" by the parents.

Indigenous healing rituals of the wider Indian community (tribe) provided a form by which the family could deal with the emergent issues of the child's sexual preference while encouraging appropriate expressions of this preference. From the mom's tribe, the family was given the opportunity to "dance" among the people, as homosexual preferences were historically normalized and, in some instances, accorded status within her tribe. Additionally, the dad's tribal resources invited the wisdom of traditional Indian healers to help the family and the child on both practical therapeutic and spiritual levels. The therapists, drawing upon their personal relationships in the community, acted as brokers in accessing a reputable medicine man for the parents to speak with (*working with wider systems, enactments & reframes*). This healing conversation helped the parents to normalize their son's sexual preferences from the perspective of tribal custom and also underscored parental roles, responsibilities, and limitation with respect to child raising.

As a result of these wider interventions, the mom began to relinquish emotional control over her son and as she did, she was able to resolve some of her personal feelings of inadequacy and guilt. The issues of wider social morality were put to rest by tribal social sanctions and customs which respect every individual's uniqueness. This emergent new reality freed the parents from feelings of shame and embarrassment over their son's behaviors and permitted them to support him in his choices.

Therapy was terminated as a result of the child returning to the home environment. In following months the child, now an adolescent, would attempt to trigger the old pattern of dilemma by running away. Periodically the mom would be tempted to respond to this influence, but over time this decreased. The adolescent's ability to manage his sexual choices in a healthy manner did become an issue for a time. Still, the restructuring of the problem held.

Currently, mom and dad are involved with their son in a support group for parents with gay/lesbian children and are exploring options for their son. One of these options was a dividend from another therapy case, an adult Indian man who was also a social service professional in the community who was supported in "coming out" with his choice of sexual preference. Again, this therapy entailed utilizing a tribal social context to facilitate reframe of the "problem". Subsequent to the termination of therapy, this individual began to volunteer his

time as a counselor/role model for other Indian males dealing with their identity and sexual preference issues. This professional is currently working with the son of family X to support the management of his lifestyle in appropriate and healthy ways. The young man has re-entered a mainstream educational setting and is living at home. The parents both report that their ability to manage as parents is significantly improved as a result of their working together as a team.

FOOTNOTES

[1]Referring to the works of Watzlawick, Keeney, Bateson, et al., focusing on interacting systems and the notion that reality is emergent from social interactions.

[2]I take some license when I use "cross-cultural" to denote a therapeutic situation where the therapist and family are from different ethnic orientations and "sub-cultural" to denote a situation with any family as families take on their own particular culture when compared to other families.

[3]A parentified-child is one who takes on the role(s) traditionally assigned to the parent thereby running the risk of offsetting the child from the rest: brother(s), sister(s) and/or peer group.

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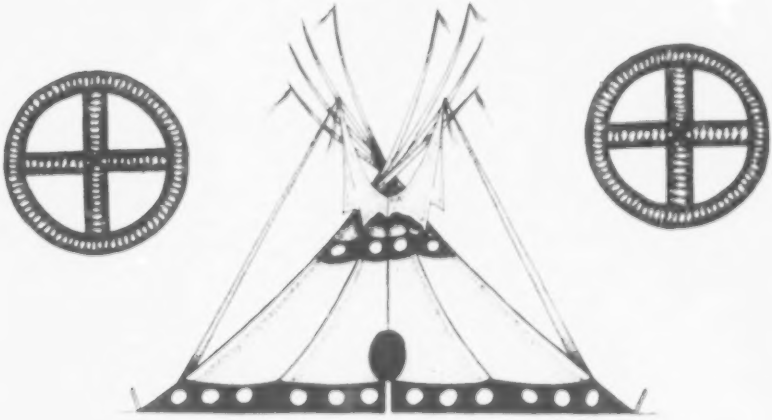
Alcohol and Substance Abuse



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INTRODUCTION

Supporting and maintaining positive health practices is an important American Indian value. This paper will address American Indian values which promote physical and mental health. The role of federal government policies and their impact on American Indian people historically are identified. Important issues which relate to drug and alcohol problems of American Indian families will be discussed. Treatment and prevention approaches as they relate to alcohol and drug use and abuse are emphasized.

A. VALUES: AMERICAN INDIAN VALUES WHICH PROMOTE PHYSICAL AND MENTAL HEALTH

Many American Indian values are described in prose written by American Indian people. THE WEEWISH TREE is a publication of the American Indian Historical Society. The magazine seeks to educate young American Indian people through its publication of writings such as the following:

DIRECTION

I was directed by my grandfather
To the South, so I might have the courage of the eagle;
To the West, so I might have the wisdom of the owl;
To the North, so I might have the craftiness of the fox;
To the Earth, so I might receive her fruit;
To the Sky, so I might lead a life of innocence.
(1978, p. 27)

American Indian culture continues to be enriched by a strong value base which promotes physical and mental health. The culture and religion of American Indians interweave their traditions and practices throughout American Indian daily living practices. A Navajo Indian medicine man, or more accurately a singer,[1] has described Indian religion as follows: "Religion is like a tree with roots and branches which spread everywhere. All things are part of that — . . . We are meant to live in harmony with the earth, the sun, and the waters. . . . If we live in harmony with all these things, there will be no illness. If a man falls ill, he is out of harmony and it must be restored." (Beiser and Degroat, *Psychiatric Annals*, November, 1974)

It is important to note that there are over *500 American Indian Tribes* in the United States. Each of these tribal groups is *distinct* and *highly individualistic*. Many values and beliefs are uniquely applied in each individual tribe. All tribes have their own language, and some tribes continue to speak their Indian language as their first language.

While each tribal group is unique, there are many values which are generic to most American Indian tribes. These values are emphasized because they promote an American Indian tenet which supports and reinforces the importance of maintaining positive physical and mental health behaviors. Many American Indian people today are reverting to a reinforcement of these values indicating that alcohol use and abuse are totally contrary to these values. Many American Indian people are advocating a position that encourages Indian people to live life "drug free." They believe that this philosophy is in keeping with tribal cultural traditions that emphasize the importance of positive physical and mental health. The values which promote positive physical and mental health include the following:

1. *Belief in a supreme being.* This belief promotes the Indian value that everyone should strive to live in harmony with nature and American Indian religious beliefs.
2. *Appreciation.* American Indians are grateful for all that they enjoy in

this life. They offer prayers expressing gratitude for the blessings of nature. They combine these feelings of appreciation with a strong desire to enjoy their lives and all that is given to them.

3. *Hospitality/Sharing.* Indian people are generally hospitable. They enjoy sharing food and worldly goods. They especially enjoy their associations with other people and look forward to social and religious gatherings.
4. *Respect for Individuality.* All men and women are worthy of respect and autonomy.
5. *Understanding.* American Indian people strive to understand the principles which govern living in harmony with nature.
6. *Responsibility and Industriousness.* Responsibility is taught in early years. Industriousness is an important value since everyone's contributions are important to the success of the tribe.
7. *Honesty.* It is important to act in accordance with tribal teachings, and to avoid bringing shame upon one's self, family, clan and tribe.
8. *Group Consensus.* Since each individual is highly valued, each person's opinions and contributions are important to the total group. Group consensus was traditionally sought in major tribal decisions.
9. *Knowledge and Wisdom.* Throughout each of these values is an expectation that American Indian people will strive to attain knowledge that will help them live in harmony with nature and in accordance with their religious beliefs. There is also an expectation that this knowledge will be used wisely in support of positive living experiences for the benefit of one's self, family, clan and tribe.

Child welfare workers must be sensitive to the cultural identification of each client and family with whom they work. Some clients are strongly identified with their culture. They may choose to resolve issues within their families and extended families. These clients may not feel comfortable approaching a social service agency. For these clients, home visits might be more appropriate than agency visits. Other clients may feel comfortable visiting social service agencies. Clients may want to conduct home visits on their porches or in their yards. They may not feel comfortable inviting social workers into their homes initially. As relationships develop, more openness will be exhibited. Social workers should be cautious about overestimating relationships in initial stages of a professional relationship, and equally sensitive to underestimating relationships when terminating services. Some clients may prefer brief, to-the-point interviews, with little discussions of feelings.

Social workers should recognize that Indian people often experience difficulty in dealing with authority people from social service agencies. The historical treatment of American Indians provides some basis for their suspicion of non-Indian people in "authority" roles. On occasion, Indian people have been "promised" results that were not obtained, or they may have misunderstood the procedures, "promises," or role of the helping person. These misunderstandings may lead to suspicion, mistrust, and reluctance to become involved with other professional people.

Professional staff should proceed slowly, identify problems and procedures clearly, make commitments regarding situations over which they have control, follow through consistently, and involve the clients as much as possible in the decision-making process to help develop feelings of trust. Clients should be encouraged to assume as much responsibility as possible for their own activities and decisions.

The pace of interviews may move slowly, particularly in initial phases of the social work intervention. Social workers should strive to feel comfortable in

periods of silence so as to listen, hear, understand and respond as appropriate when important considerations are discussed.

Workers must expect to be tested during the relationship building process. It is important to be honest and straightforward in terms of the roles and responsibilities of the child welfare worker so that clients and families can be prepared and helped to deal with the reality of their problem situation (Edwards, 1980).

In 1978, Congress enacted the Indian Child Welfare Act. In 1980 Congress passed the Adoption Assistance and Child Welfare Act. These two acts provide for procedures to ensure that Indian children receive child welfare services to safeguard their rights to family stability and tribal jurisdiction over Indian child welfare matters. In 1988, CSR and the Three Feathers Associates conducted a nationwide study of the status of Indian child welfare after ten years' experience under the Indian Child Welfare Act. Their findings and recommendations are included in *Indian Child Welfare: A Status Report* (1988). A summary of this research appears in the January-February 1989 edition of *Children Today*.

B. SOCIAL POLICY HISTORY: FEDERAL GOVERNMENT POLICIES AND THEIR INFLUENCE ON AMERICAN INDIAN PEOPLE

At the time Columbus landed on the Caribbean Islands, estimates indicated that there were as few as one million and as many as three million American Indians on the North American continent (Highwater, 1975). Today, there are over one million Indians in the continental United States.

Federal legislation has determined the policies under which governments will relate with Native Americans in the United States. Congress has enacted many regulations which detail those departments that will assume authority over "Indian affairs." A summary of significant legislation affecting Native Americans from early beginnings to the 1970's is included in the appendix of this paper. Many federal government policies have influenced the lifestyles, population, and general well-being of American Indian people. Five general policies have been most influential. Detailed descriptions of American Indian/non-Indian race relations in this country are covered in considerable detail in Brewton Berry's book, *Race and Ethnic Relations* (1965).

In reviewing these policies it is important to understand the effect they have had on Indian/non-Indian relationships. It is also important to understand that American history books have not always accurately portrayed circumstances which surround Indian/non-Indian relationships. American Indian people have verbally recounted their experiences with Indian/non-Indian relationships to their family and tribal members. Each tribe's experiences have been different depending upon a wide variety of variables including the location of the tribe, the desirability of the tribal natural resources, and the attitudes, values and solidarity of both Indians and non-Indians. Issues of trust and distrust have been important variables in on-going Indian/non-Indian relationships.

Discussions of Indian/non-Indian relationships and federal policies directed toward "governance of Indian affairs" are often uncomfortable discussion topics for Indians and non-Indians, especially when educational and personal experiences in these areas may be limited. It is difficult for people to confront issues of racism and sexism, especially when much of the discussion is historically based. While some people may be reluctant to explore these topics in depth, other people welcome the opportunity to learn more about historical Indian/non-Indian relationships, and want to understand how these may have influenced or are influencing present-day concerns. These people also welcome opportunities to address these issues in ways which will be conducive to improved relationships among all peoples.

The federal government policies which have had great impact on American Indians in this country are enumerated below.

Extermination

Extermination has long been a method of handling conflict between races. This policy of annihilation was directed toward the Native American by Europeans and was partially successful. In some settings, genocide was practiced until the American Indian had no wealth or property to cause the dominant group to seek further destruction of their culture and lives.

Historically, the most successful ways of annihilating a race have been through the introduction of disease, war, alcohol and slavery. Disease was the most effective means practiced in this country since American Indians lacked immunity. History records that at the time of Columbus' arrival only two diseases existed among Native Americans, cancer and arthritis. American Indians were particularly vulnerable to such diseases as small pox, measles, and chicken pox.

One method which was utilized to divert the hostilities of American Indians from the non-Indian settlers was to encourage tribal rivalries. American Indians also participated in battles between Anglos and other Indian tribes. In some instances, and particularly with the major battles won by the non-Indian invaders, American Indians were used as scouts to lead the Anglo armies into the lands of their traditional tribal enemies.

The most prevalent reason for the extermination of American Indians was the unrelenting Anglo need for Indian land. Since Indians did not utilize deeds and written agreements, there were no records of ownership, and the land was easily usurped by Anglos. One of the popular self-justifying ideologies at the time was that "manifest destiny" gave Anglos the "God-given right" to ownership of American Indian lands.

Expulsion

Throughout the nation's westward expansion during the early 1700's and 1800's federal officials followed a policy of negotiated enforced removal of Indians from the eastern areas of white settlements to more remote western areas.

Those who advocated the policy of mass expulsion saw it as a more humane way of resolving the "American Indian problem" and advocated it in lieu of the extermination policy. Many laws were passed and enacted as land became overpopulated, or became of value to Anglos. Indian inhabitants were forced to leave their lands, which were then open to purchase or homesteading.

An example of the expulsion policy was seen in the State of Colorado. In 1880 the Governor of that State forced the removal of several Indian tribes from the State of Colorado because of friction between Indians and settlers over property rights. Some of the tribes which left Colorado at that time included the Cheyenne, Arapaho, Kiowa, Comanche, Jicarilla Apache and Utes.

The Homestead Act of 1863 was another example of expulsion of the Indian to make way for Anglos seeking homesteading rights. The Indian lands were divided into acreage lots, and a lottery system was utilized for homesteading purposes.

Exclusion (Reservations)

The third federal policy initiated by the federal government was that of exclusion. Under this policy Indians were removed from their larger geographical areas onto well-defined lands which were called "reservations." Exclusion is a form of pluralism and can be looked upon as partial ostracism, a pattern of accommodation by the majority population in power.

The early resettlements were strongly resisted by many of the Indian tribes, and, during the 1800's, Plains Indians fought bitterly against accepting federal reservations. The final removal of Indians onto reservations was not completed

until after the massacre of the Sioux at Wounded Knee, South Dakota, in 1890 (Wax, 1971, pp. 65-78).

The reservation system was designed to conform, control, and "civilize" the American Indian or to convert him into becoming a "white man" by teaching him to be a farmer and rancher. Many negative sanctions and restrictions were imposed upon Native Americans living on reservations. For example, they were denied the use of their language, participation in cultural ceremonies, fulfillment of traditional roles, and, in general, a positive identification with "Indianness." However, in spite of these demands, there continued to be real pressure exerted from within the Native American population to maintain whatever elements of their culture they could.

Whatever else the reservation system may represent, it acknowledged the Indians' right to live and to retain land and resources for their support. It also has allowed American Indians to maintain an identity and to continue some elements of their cultures and lifestyles to the extent that today, among many Indian tribes, there are remnants of Indian religion and many cultural values of importance to the tribe. Celebrations of both a religious and social nature have continued through this process.

Assimilation

Almost as soon as the process of placing Indians on reservations was completed, policy shifted to encouraging their assimilation into American society, which, it was hoped, would allow for the termination of special federal programs and trust relations. Assimilation was the prevailing policy after the turn of the century. Indians on reservations were encouraged and sometimes forced to abandon tribal traditions. An education system aimed at instilling Anglo values was developed.

One of the first major policies enacted to force the process of assimilation was the Dawes Act, or the Land Allotment Act of 1887. This Act provided for the allotment of plots of Indian lands to "competent" Indian individuals. This allotment policy continued for nearly 50 years despite the fact that it did not achieve the benefits envisioned by its planners and resulted in the loss of three-fifths of all Indian lands. In many cases, Indians sold out to whites, lived on their assets until the money was gone, and then returned to dependence on federal reservations (Highwater, 1975).

Before the Dawes Act, the American Indian had owned, through the federal government, 188 million acres of land. After the Dawes Act was enacted, American Indians were left with the possession of 47 million acres.

Historically, Indian education began soon after Europeans landed in America. Education in the colonial period (1600's-1700's) offered curricula to Indian youth that were the same as offered to non-Indian youth. Educational focus then shifted to vocational programs; then to a boarding school approach; and today to a combination of a few boarding schools and a predominantly public school educational approach. Young Indian people are being encouraged to complete high school and enroll in post-secondary programs according to their interests and abilities. For a more detailed description of Indian education policies and experiences, please refer to the attachment in the Appendix entitled "Historical Overview of Indian Education" (Edwards, 1976).

The "relocation" policies (currently called Employment Assistance) were instigated by the Bureau of Indian Affairs in 1952 to recruit American Indians for off-reservation employment. American Indians often were sent to large cities where they could receive training in skilled vocations. Some estimate that approximately half of the Indians returned home to reservations because they could not

adjust to the urban environment. The program was criticized for providing few support systems to enable Indians to make the necessary adjustments from a rural to an urban setting.

Termination

After World War II, support was developing in Washington for the termination of the federal government's special relationship with Indians. In 1953, Congress passed a resolution declaring "termination" to be the official federal policy. In the next five years, the trust status of a number of Indian tribes was ended. Termination meant that all specialized Indian federal programs were eliminated from those reservations. The policy of termination was discredited by the early 1960's.

The cash economy and manufactured goods lifestyle have influenced changes in the Indian way of life. The enlistment of American Indians in World Wars I and II provided opportunities for cross-cultural activities. In recent years, many federal American Indian policies have been questioned through organized protests across the country. The most well known protest group is the American Indian Movement (AIM), which has been responsible for promoting a number of Indian causes. One of the main goals of the AIM movement is to attack and correct current injustices directed toward American Indian people.

Self-Determination

Today, American Indians are asking for the right to determine their own destiny. Since 1960, greater understanding and acceptance of native Americans has led to more positive legislation emphasizing American Indian self-determination. Policies have been enacted to develop Indian human and natural resources on reservations. Financial and operational responsibilities for Indian affairs now rest with tribal groups themselves. The Indian Preference Ruling directs the federal government to allow Indians to fulfill employment responsibilities and make decisions for their individual and tribal welfare. The Indian Child Welfare Act has reinforced the Indians' rights to maintain their cultural identity and establish and maintain their legal jurisdiction over children and family issues.

Social, health and welfare programs are operated under the jurisdiction of tribes. Many people are advocating for continued emphasis upon addressing the problems of alcohol prevention/treatment among American Indian people through a community approach (Edwards, 1988). The federal government has also recognized the importance of this approach. In accordance with the provisions of the "Anti-Drug Abuse Act of 1988, Public Law 99-570," American Indian tribes have been required to formulate Tribal Action Plans to address the treatment and prevention of substance abuse. This mandate requires the formulation of Tribal Coordination Committees which are responsible for (1) surveying the problems and needs of their particular tribes; (2) formulating task forces to address each of these problems; and (3) coordinating all community efforts in behalf of prevention and treatment approaches to combat problems of substance abuse on their reservations.

Another Bureau of Indian Affairs and Indian Health Service directive has mandated tribes to establish area Child Protection Teams, and, where appropriate, local Child Protection Teams (*Linkages*, June 1987).

As Josephy (1968) so aptly stated: "In a rapidly diminishing world, the future of the Indians . . . is one of accelerating acculturation. But complete and final assimilation is still so remote a prospect as to make certain the Indians' own pronouncement: We are here, and we will be here for many generations yet to come."

C. THEORY BASE: UNDERSTANDING ALCOHOL AND PROBLEM DRINKING

Alcohol and drugs continue to demand much attention on the part of professional, political and community organizations. Interestingly, "among all special population groups in the United States, American Indians have been attributed the highest frequency of problems associated with drinking" (Third Special Report to the U.S. Congress on Alcohol and Health, 1978, p. 21).

Much of the data from which such interpretations evolve come from statistics regarding problems in which alcohol has played a major role. For example, "accidental deaths account for one-fifth of the deaths among Native Americans. The Indian Health Service estimates that 75% of the injuries and deaths (to American Indians) are alcohol-related" (Cohen, 1982, p. 1). The Fourth Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health and Human Services (1981) indicated that the suicide rate "among American Indians is twice that of the general population in the United States. About 70% to 80% of suicides among Indians are alcohol-related" (p. 85). Other alcohol-related factors which are repeatedly linked as major causes of death among American Indian people include cirrhosis of the liver and homicide (Third Special Report to the U.S. Congress on Alcohol and Health, 1978, and Fourth Special Report to the U.S. Congress on Alcohol and Health, 1981).

Alcohol Facts and Myths

Much information and misinformation regarding alcohol and drugs circulates readily throughout American Indian communities. Among the most common facts are the following:

Facts Regarding Alcohol

1. Alcohol is a drug.
2. 50% of all Americans do not drink more than one drink a month. (30% do not drink at all. 20% drink no more than once a month.)
3. Alcoholism is a disease.
4. After two beers, an individual driving a motor vehicle becomes a poor driver.
5. The Utah Drivers Handbook indicates the average person is likely to be legally drunk after consuming three mixed drinks or three cans of beer in one hour.
6. To be arrested in the State of Utah for drunken driving, a person's blood/alcohol level must be .08 or higher.
7. Approximately 50% of fatal traffic accidents involve someone who has been drinking.
8. Problem drinkers can sometimes control whether they drink and how they drink. Alcoholics, usually, cannot.
9. Problem drinkers are often alcoholics in an early stage of their disease.
10. Most alcoholics have jobs and live with their families.
11. Alcoholism is rated as the number one health problem of Indian people on reservations.
12. The percentage of Indian drinkers is the same as for white drinkers.
13. The rate of alcoholism among Indian people as a whole is higher than in any other ethnic group in America.
14. Alcoholism among Indians is three times the national average.
15. The Indian alcoholism death rate is seven times the national average.
16. One in four American Indian 7th graders reports having been drunk at least once in the last year.
17. Indian youth use alcohol more heavily than non-Indian youth.
18. Indian youth use marijuana at higher levels than non-Indian youth.

Myths Regarding Alcohol and Drugs

1. Alcohol is a stimulant.
2. It is impossible for someone to become an alcoholic by drinking just beer.
3. Almost all alcoholics are men.
4. Alcoholics are people who, if they wanted to, could quite easily "pull themselves together" and stop drinking, without outside help.
5. Most alcoholics are skid row bums.
6. Once people become alcoholics, it is too late to help them.
7. The caffeine in strong coffee will help sober up a person.
8. There is universal agreement among American Indian leaders that "abstinence" is the goal for all American Indian people.

Medical Aspects of Alcohol

When a person drinks alcohol, the alcohol goes into the stomach and then to the small intestine. Most of the alcohol goes through the walls of the intestine into the bloodstream. The bloodstream carries the alcohol to all parts of the body, including the brain, very quickly.

Alcohol continues to pass through all parts of the body until the liver oxidizes the alcohol into carbon dioxide, water and energy. The liver can oxidize approximately ½ ounce of alcohol each hour.

The effects of alcohol on people vary widely. The effects are determined by "how much a person drinks; how fast they drink; what kind of beverage they drink; how much they weigh; how much they have eaten; the state or condition of the body; how they think and feel about drinking; and where a person drinks — the setting" (Background Information on Alcohol Use, Non-use and Abuse, p. 17).

There are many effects which alcohol has on most people. Among these are the following:

1. *Pleasure.* People relax and feel good. Problems appear to be less important when a person has been drinking.
2. *Inhibitions.* Positive feelings may be released more easily. Some people become more argumentative, hostile, aggressive, and prone to crying, or fighting.
3. *Thinking.* Some people have a more difficult time concentrating or exercising good judgment.
4. *Performance.* After drinking small amounts of alcohol, some people may be able to relax and relieve nervousness which interferes with performance in certain areas. Large amounts of alcohol tend to interfere with performance of physical tasks.
5. *Temperature.* Body temperatures go down, although the person may feel warm as a result of increased blood supply to the skin.
6. *Energizer.* While alcohol may help some people sleep, it may dull that part of the brain that tells us we are tired, and thus interfere with sleep.
7. *Hangovers.* Hangovers are characterized by feelings of nausea, tiredness, and headaches which occur or continue after alcohol has been oxidized.
8. *Physical tolerance.* After years of drinking, more alcohol is required to produce the same effects.
9. *Disease and bodily damage.* Alcohol can cause damage to the liver and permanently destroy brain cells. Delirium tremens may affect alcoholics who quit drinking. Fetal alcohol syndrome may be diagnosed in infants whose mothers drank heavily during their pregnancy. Death may result from drinking very large amounts of alcohol or alcohol in combination with other drugs. (See Background Information on Drugs, pp. 9-11).

Teenage Drinking

The National Council on Alcoholism, Inc., in 1982 published the following results from their survey "Facts on Teenage Drinking":

1. About 90% of high school seniors and over 50% of seventh graders have tried alcohol.
2. 15% of high school students are heavy drinkers or problem drinkers.
3. 31% of high school students are alcohol users (drink at least six times per year).
4. Alcohol abuse is believed to be high among the 15%-20% of high school drop-outs not included in this study.
5. Alcohol is the most widely used drug among teenagers.
6. The most popular drink among teenagers is beer.
7. Teenage girls are drinking almost as much as teenage boys.
8. The average age that children begin to drink is 13.
9. Evidence suggests that problem drinkers started drinking at a younger age than others.
10. 25% of high school students are abstainers.

Oetting, Beauvais and Edwards (1985, 1988), have conducted long-term studies on alcohol and drug usage with American Indian youth in comparison with non-Indian youth. They report the following findings from their studies:

Indian youth use alcohol more heavily than non-Indian adolescents.

1. More than 90% of both Indian and non-Indian youth have tried alcohol.
2. 47% of Indian seniors have gotten drunk during the last two months compared with 27% of non-Indian seniors.
3. 35% of Indian youth in the 7th-12th grades have been drunk in the last two months compared with 21% of non-Indian youth.

Why Young People Start Drinking Alcohol

Youth offer many reasons for why they experiment with alcohol. Among these are the following:

1. Friends drink and expect them to drink. They want to fit in and belong.
2. Youth have access to alcohol and attend activities where unsupervised drinking can take place.
3. Alcohol helps relieve low levels of self-esteem.
4. Some youth believe drinking is an indication of adulthood.
5. Many perceive that alcohol experimentation is a normal part of adolescent development.
6. Many of their parents drink. Youth perceive that their parents approve of their drinking.
7. Some youth drink to express rebelliousness.
8. Some youth want to "let loose." They feel more socially comfortable when they are drinking.
9. Youth indicate that they "feel better," more relaxed, and like the "feel" of alcohol and drugs.

Trends in Teenage Drinking

Two of the most alarming trends in teenage drinking are identified in (1) the increase in drinking by young girls, and (2) the evidence of more episodic heavy drinking, with young people consuming five or more drinks on each occasion.

Attitudinal Symptoms of Chemical Dependency Problems

Many people show evidence of attitudinal changes when they develop chemical dependency problems. Among these attitudinal symptoms are the following:

1. Feelings of isolation.
2. Feeling uncomfortable in situations where there is no alcohol.
3. Continual preoccupation about having that next drink.
4. Feeling irritated when others discuss your drinking.
5. Needing a drink to calm one's nerves.
6. Aggressive attitudes toward family and friends.
7. Grandiose feelings of superiority and omnipotence.
8. Loss of interest in outside activities and hobbies.
9. Not caring about other people.
10. Feelings of guilt, remorse and despair.
11. Developing a fear of fear.

Behavioral Symptoms of Teenage Problem Drinkers

A majority of adolescents experiment with alcohol sometime during their youth. Those people who begin to develop problem drinking patterns may show the following behavioral symptoms:

1. Falling grades at school.
2. Sudden decrease in penmanship skills.
3. Shortened attention span.
4. Absences and tardiness at school.
5. Inability to cope with frustration.
6. Constant changes in the peer group. Deterioration in relationships or radical change of friends.
7. Irritability with family members and previous friends.
8. Suspiciousness of friends, other students and teachers.
9. Rebelliousness.
10. Giggling and giddiness.
11. Low capacity to persevere.
12. Lying to parents and teachers.
13. Impulsive behavior.
14. Mood swings, irritability and depression.
15. Slow, slurred speech.
16. Diminished alertness.
17. Weight loss or gain.
18. Sudden accident-prone behaviors.
19. Sleep problems.
20. Frequent complaints of not feeling well.
21. Smelling alcohol on your child's breath.
22. Secretive or lying behavior which is uncharacteristic.
23. Money problems. Missing money from home. Extensive money spending habits.
24. Unusual comings and goings. Unexplained telephone calls and visits by unfamiliar youth.
25. Minor or major delinquent involvement.
26. Minor or major automobile accidents.
27. Unexplained time away from home.

Alcoholism: Illness Symptoms

Many terms have been utilized to define and describe alcohol consumption. A continuum may include the following:

Abstinence — Experimentation — Social Drinking — Problem Drinking — Alcoholism

The distinction between problem drinkers and alcoholics is often drawn in terms of a person's ability to stop or control the amount they drink, should they desire to do so. Problem drinkers are usually seen as having more control over their drinking behaviors. Alcoholics are usually characterized by an inability to stop drinking once they begin, and a continuation of the drinking behavior until the point of intoxication.

There are an estimated 12 million people in the United States who suffer from problems of alcoholism. A period of 10 to 20 years is not uncommon to diagnose alcoholism (Background, p. 12).

Alcoholics often show several reoccurring behaviors. Among these are the following:

1. Drinking to the point of intoxication.
2. Drinking interfering with employment, marriage, family.
3. Personality changes when drinking.
4. Lying about drinking patterns.
5. Drinking for relief of problems.
6. Neglecting health and personal care.
7. Physical symptoms and problems (including loss of weight, cuts and bruises, and physical illness).

There are many theories which attempt to explain the different degrees of alcoholism in various segments of our population. Psychological theories support the belief that alcoholics drink to reduce personal tensions. Others believe that the drinking serves a purpose in the person's life. It may be a learned behavior in which youth model adult practices. Personality problems may also be motivating factors for people to drink.

Sociological theories advocate that behaviors or stress upon society or a particular culture may encourage alcoholic behaviors. Youth model adults. Supportive behaviors from within the culture or society group to which one belongs may contribute to the use of alcohol.

Biological factors may influence a person's drinking behaviors. Some researchers believe that alcohol may produce a variety of biological responses in different people. Others believe that some people may be genetically predisposed to alcohol problems because of the drinking history and behaviors of their parents and grandparents.

Poverty/Oppression Theory. Some people believe that the alcoholism problems of American Indians are influenced by poverty, unemployment, racism, lack of opportunities, negative self-image and other factors which have psychological impact on Indian people. Feelings of hopelessness, isolation, and depression, coupled with few resources and little self-confidence, provide little hope, motivation, or tangible opportunities for psychological or behavioral changes. Drinking is a common escape mechanism.

Many researchers believe that there is no single cause of alcoholism. The factors which may influence one's susceptibility to alcoholism are under continuing study with the hope that future research will provide more definitive answers regarding the etiology of this disease.

Historical Development and Use of Alcohol Among American Indians

A review of the history of the use of alcohol by American Indians suggests that very few Indians from North America had previous experience with alcohol prior to the discovery of the continent by Columbus. Those Indian tribes which used alcohol did so sparingly and with the goal in mind of achieving a spiritual, ecstatic, or hallucinogenic experience. Indians were introduced to alcohol largely through encounters with frontiersmen and explorers who settled this country. Because Indians had little experience with alcohol and no folkways for controlling their behavior, non-Indian settlers soon recognized the problems which alcohol created for Indian people. Laws regulating the sale of alcohol to Indians were established as early as 1670. Indian leaders also recognized the problems of their people with alcohol. A pitiful plea of the Delaware to the white colonists in 1698 is typical of many which were made, but to no avail:

> "We know it to be hurtful to us to drink it. We know it, but if people will sell it to us, we so love it that we cannot refuse it. But when we drink it, it makes us mad; we do not know what we are doing; we abuse one another; we throw one another in fire. Through drinking, seven score of our people have been killed" (Berry, 1965, p. 154).

In 1971, the seriousness of alcoholism problems among American Indians was recognized by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) who identified "reducing alcoholism among American Indians" as one of their six priority goals (Alcohol and Health, U.S. Department of Health, Education and Welfare, First Special Report to Congress, 1971).

In 1969, funding was received by Fenton Moss for the establishment of the Western Region Indian Alcoholism Training Center at the University of Utah for the purpose of training American Indian people to serve as alcoholism counselors. From 1970-75, 277 American Indian counselors received training at the Western Region Indian Alcoholism Training Center for a period of one to two years. Other similar programs were established, and many American Indian counselors were trained to work with problems of alcoholism among Native American people.

D. THEORY BASE: UNDERSTANDING DRUG USE AND ABUSE

Drug use is a well known phenomenon in many parts of our society. Drugs are available through a number of sources and meet a variety of needs. Over-the-counter drugs are readily available and are intended for temporary medication of minor health problems. Prescription drugs must be authorized by a physician's prescription to make them legal, and are to be used under the supervision of the physician. Another group of drugs is referred to as "social drugs" and includes products which contain alcohol, caffeine and nicotine. Some governmental control is exercised over the merchandising of these drugs, usually through state government auspices. Another category of drugs is labeled "psycho-active drugs" and includes such drugs as marijuana, heroin, cocaine, and prescription drugs which are obtained and utilized illegally. Also included in this list could be paint and glue, which are produced for a utilitarian purpose, but are utilized for psychoactive responses achieved through "sniffing."

Teenage Drug Usage

Marijuana is the most popular drug among adolescents. Five stages of marijuana usage were identified by the National Commission on Marijuana and Drug Abuse. These stages are:

1. Experimental drug use.
2. Social or recreational use.
3. Circumstantial or situational drug use.
4. Intensified drug use.
5. Compulsive drug use.

A recent study by Oetting, Beauvais, and Edwards (1985) compared data on teenage drug use among American Indian youth with non-Indian youth. Among some of their findings were the following:

Indian adolescents in grades 7-12 have a higher level of exposure to every drug that was included in the survey (marijuana, inhalants, alcohol, cocaine, sedatives, heroin, tranquilizers).

1. 75% of Indian adolescents beyond the sixth grade have tried marijuana compared with 30% of non-Indian youth.
2. 60% of Indian adolescents have used marijuana in the last two months (81% of those who have tried it) compared with 21% of non-Indian youth (57% of those who have tried it).
3. 13% of Indian adolescents use marijuana daily compared with three percent of non-Indian youth.
4. More than one out of every five Indian high school seniors uses marijuana daily compared with seven percent of non-Indian seniors.

The Office of Substance Abuse Prevention sponsored a conference in Washington, D.C. in December 1988. One of the sections of this conference was planned for "Rural Programs." This section was attended by Indian and non-Indian rural program representatives. According to their discussions, in rural areas the primary drug being used and abused is, and traditionally has been, alcohol. Its use may be so well accepted that rural residents tend to downplay its seriousness by saying "it's only alcohol." In rural communities with closer proximity to larger community resources, more poly-drug use is evident. While a variety of drugs may not be readily available, it is important for professional people to know what drugs are currently being used in urban areas, since many of them will also become known in rural communities. Those alcohol and drug problems which are more often utilized in rural areas include wine coolers, marijuana, chewing tobacco, and inhalants including glue and paint (Edwards, 1988). For American Indian people, it is also important to note the extent to which young people are introduced to substance use and abuse during time spent at boarding schools or in urban areas. This knowledge will also lead to greater understanding of those substances which are being brought to reservations from these contacts.

E. THERAPIST KNOWLEDGE AND ATTITUDES TOWARD SUBSTANCE USE AND ABUSE

Child welfare workers strive to be as helpful as possible to the clientele with whom they work. In order to do so, a substantial knowledge base is required regarding the many problematic issues with which their clients are dealing. The foregoing information is designed to provide a knowledge base regarding substance use and abuse. The "true/false review examination" is also designed for this purpose. Many child welfare workers generally will have substantial knowledge regarding substance use and abuse, and the impact on their reservations, urban areas and Indian clientele. In-service training and staff discussion should be programmed to allow for greater knowledge gathering and sharing experiences for all staff.

In addition to this knowledge base, child welfare workers are encouraged to

look at their own experiences and attitudes related to substance use and abuse. Historically, many Indian tribes have valued each person's right to self-determination in his tribal group. However, there were historically well defined expectations for appropriate behavior and sanctions for disregarding or acting in opposition to these tribal expectations. Many of these cultural traditions are being eroded. Indian people today have wide differences of opinion regarding "Indian behavioral expectations." With substance use and abuse, some Indian people believe it is no one's business what they do in regard to substances; others are advocating a "drug-free" behavior; and others are promoting choices, with those who wish to drink being encouraged to develop social drinking behaviors that do not lead to problem drinking.

Child welfare workers can benefit from in-service training, on-going supervision and personal self-exploration to identify their attitudes and values. This personal awareness is critical to serving as an effective child welfare worker. This understanding will promote clients' rights to self-determination; clients' willingness to analyze and address their own value systems and behaviors; and the likelihood that child welfare workers will not impose their value systems upon their clients.

F. TREATMENT APPROACHES

Recommendations are surfacing for coordinated education, prevention, and treatment approaches to address the social service needs of American Indian youth. Oetting, Beauvais and Edwards (1988) have summarized their research in the following statement regarding current knowledge about what types of programs will succeed in changing or modifying alcohol use among youth. They indicate, according to their research, that "the following good ideas" will fail: (1) a simple program aimed at improving self-esteem will fail; (2) a program based on the idea that alcohol is used as a substitute for social acceptance will fail; (3) a program based on the idea that alcohol is taken by depressed, anxious, or otherwise emotionally disturbed youth will fail; (4) a program that uses "socially acceptable" people to reach deviant youth will fail; (5) a program that provides cultural ceremonies and doesn't follow through to ultimately change peer clusters will fail; (6) recreational or social activities that do not actively and completely exclude alcohol use will fail.

"What, then, will work? Strong and effective programs that (1) increase family strength, (2) lead to improved school adjustment, (3) create hope for the future, and (4) change peer clusters to discourage alcohol abuse" (Oetting, 1988, p. 99).

Individual Approaches

Treatment approaches should be as individual as the clients themselves. In assessing and selecting treatment approaches, care must be given to the following: (1) develop appropriate, sensitive and helpful relationships; (2) provide the best professional help available; (3) identify and provide meaningful social and educational opportunities which are viewed by the clients as meritorious alternatives to drinking; and (4) focus on approaches which positively enhance self-image and identification with American Indians and enhance the skill development which will be useful in individual goal attainment for each client. (Please also refer to the section of this paper which relates to "community approaches." Community expectations and practices will substantially affect the individual services provided to clients. It is important for clients to "fit in" to communities as individuals. Some community expectations and practices may need to be addressed in order to support an individual client's right to choose a non-substance use lifestyle.)

Many American Indian youth would benefit from a positive relationship with a professional person. Paraprofessional counselors, youth workers, lay community people and Indian "elders" are also excellent resources for American Indian youth. In order to develop helping relationships, counselors and volunteers should institute the following practices in their individual work with American Indian youth.

1. Focus on establishing relationships with Indian youth which convey honest and genuine concern. Talk with them about their behaviors. Listen to them. Deal appropriately with their resistances. Encourage their participation.
2. Document and reflect their behavior appropriately. Concretely identify their successes and positive changes in attitudes, values and behavior.
3. Don't accept excuses. And never give up.
4. Confront the problem drinking behavior. Assist youth to confront their own problem drinking behaviors.
5. Discuss with youth the possibility of solving their problems, not burying them or hiding them through drinking behaviors. Discuss also ways in which they may be creating problems for themselves.
6. Seek the help of professional and lay counselors and peers who could be beneficial to the young person. Such people as A.A. members, clergymen, treatment program counselors and physicians may be in a position to assist Indian youth. Relationships with other non-substance using American Indian youth are critical to the success of these programs.
7. Utilize the services of American Indian medicine people, as appropriate.
8. Help youth find alternatives to drinking. These may include opportunities to participate in school and recreational activities, volunteer work, employment, and community activities.
9. Assist American Indian youth to acquire academic skills necessary for their success. Remedial programs, tutoring programs, peer counseling, and other services may be individually appropriate for each client.

Group Approaches

American Indian people have had a long history of engaging positively in group activities. They enjoy social, recreational, community and leadership activities and could benefit from a variety of group experiences including the following:

1. Engage the family, or as many members of the family as possible, in a family group counseling experience. While this may be difficult in some situations, the approach has proven helpful in many Indian communities. The family sessions may include a parent and a child; the children themselves; or the entire family. One paraprofessional Indian counselor found that his most productive family sessions were conducted on the weekends in the out-of-doors, in a "picnic" environment. The activity was therapeutic for all family members, and provided an alternative to weekend drinking binges.
2. Refer parents and siblings to treatment programs, ALANON, or ALATEEN.
3. Assist teenagers to enroll in alternative educational or vocational programs where they will have educational experiences and opportunities to associate with new friends.
4. Encourage participation in Indian cultural and traditional activities.
5. Group counseling or group therapy with other youth may provide valuable learning experiences.
6. Peer counseling groups could be beneficial to Indian youth.
7. Theme centered groups can be interesting, educational, and growth producing. Some of the themes to which these groups could relate are future goals; men's issues; women's issues; educational goals; vocational goals;

self-esteem enhancement; stress identification and management, and other topics which are of interest or problematic to the youth involved.

8. Recreation and physical education groups. Indian youth enjoy activities in a group setting. Individual or group activities could provide recreational and physical enhancement opportunities. American Indian people particularly enjoy group sports such as basketball and volleyball; martial arts; cross country running; golf; wrestling; and aerobics. There are many talented community members who do not often talk about their skills. Finding people to lead these groups may be a challenge. One resource group may include young adults returning from college. Each community might participate in a "talent search" of their own to identify people who would be willing to instruct both traditional and modern-day group activities for American Indian youth.
9. Youth leadership training groups may help young people become contributors to their communities. Youth may participate on community committees, organize volunteer programs, help tutor young children, provide services to elders, and assist in any unique project for their particular community.
10. If necessary, a young person may benefit from the opportunity to participate in a day-care treatment program or an in-patient treatment program.
11. If necessary and helpful, a foster home or group home placement may be beneficial, if the teen is agreeable.
12. Halfway house programs may be appropriate for some youth.

Family and Community Practice: Prevention Approaches

Family and community are very important to American Indian people. Traditionally, families and communities played important roles in rearing Indian children. These traditional cultural beliefs may be beneficial as communities and families seek to prevent alcohol and drug use.

Youth Prevention Approaches

A number of excellent prevention programs are being placed in operation for young Indian people across the country. The Office of Substance Abuse Prevention has funded several projects, many of which relate to American Indians, for the purpose of developing strategies for the prevention of teenage substance use. Young Indian people can benefit from these programs if they provide emphasis upon the following:

1. With Indian youth, it is important to emphasize the positive enhancement of their self-esteem and their identification with "Indianness."
2. Emphasize the attainment of interpersonal competencies. Indian youth need practice on how to get along with others; how to maintain personal integrities; and how to develop their decision making capabilities.
3. Indian youth could benefit from programs which would help them resist social pressures to use substances. Any program that can help young people learn how to say "no" to any detrimental invitation, and mean it, would be beneficial.
4. Problem solving skills are important for young people. The more they know about problem solving, the greater their ability to make sound decisions for themselves.
5. Teach youth to identify and express their feelings and emotions. When youth learn appropriate communication skills, it is possible for them, more positively, to confront and support their peers who are experimenting with substances. Communication skills will also help them to communicate appropriately with adults and authority figures.
6. Help youth identify the stressors in their lives and how to attain appropriate stress management skills.

7. Youth could benefit from opportunities to learn how to relate to adults appropriately and positively. They should also be helped to choose appropriate adult and peer role models.

Parent Prevention Approaches

Parent education is strongly emphasized throughout our country today. The Northwest Indian Child Welfare Institute has developed a program entitled "Positive Indian Parenting: Honoring our Children by Honoring our Traditions." This program has developed parenting principles in ways that apply specifically to American Indian people. In order to help parents understand how to discuss issues related to substance use with their children, the following suggestions are offered:

1. Parents should encourage their children to participate in healthy activities which can serve as alternatives to experimenting with or using substances.
2. Adults should model appropriate drinking behaviors. Parents should be instructed as to possible behaviors on their part which may contribute to their children's drinking. Parents should be encouraged not to drink and drive; not to drink when pregnant; not to drink under unsafe conditions; and not to make light of getting drunk. Parents should also be encouraged not to ask their children to bring them or fix them a drink.

Parents should have opportunities to gain confidence in talking with their children about substance experimentation and use. A particularly important discussion could address the topic of "The Advantages of Drinking Something Non-Alcoholic." Some of the advantages which parents and children may identify in such a discussion could include the following:

a. You may be less apt to make a fool of yourself on a date.
b. Your parents may be more willing to lend you the car or the pickup.
c. You may make a good impression on people who matter to you.
d. You may be more likely to stay out of trouble with the law, teachers, your parents and others.
e. You will have more money to spend on other items such as a stereo, records, recreational equipment, a car, or a college education.
f. You may lose weight or maintain an adequate weight.
g. You are more apt to be in control of yourself.

Some Indian parents/adults may find it difficult to discuss such topics with Indian youth. Indian communities may find it helpful to offer parent education programs similar to those developed by the Northwest Indian Child Welfare Institute. "Positive Indian Parenting: Honoring our Children by Honoring Our Traditions" is one of the programs they have developed.

Parents could profit from suggestions as to how to develop their communication skills with their children. A child welfare agency may want to adapt a booklet such as the "Helping Your Pre-teen Say 'NO' — Parent Aid" for use by American Indian parents.

One Indian parent began his discussion with his 7th grade son by saying, "I'm sure you've already been asked if you wanted to use drugs?" His son proceeded to tell him when, by whom, and how he responded to the offer. This one question has led to several other discussions as the young man is now in high school and has seen the effects of drugs on his classmates. Helping parents begin these discussions early could promote communication through adolescence. Discussions may be difficult to begin, but the benefits are worth the effort in teaching, encouragement and practice.

School Prevention Approaches

Schools have often been encouraged to support programs which will promote positive growth of all children. Ways in which the school may continue to be involved include the following:

1. Offer coordinated prevention programs throughout all public school years. The State of Utah, and many other states, have implemented a required, coordinated substance abuse prevention program for grades K-12 in the public school system. Children are taught factual information regarding substances. They are also engaged in programs to enhance their self-esteem, decision making skills, problem solving skills, and personal growth.
2. Schools have prepared curricula for student learning which allow students and adults to openly and factually discuss issues related to alcohol and drug use and abuse. In order to model an honest approach to this discussion, teachers and parents have been encouraged to identify all of the reactions which people have to substance use, including both the positive reactions and the negative consequences.
3. School personnel are also encouraged to talk with children about the advantages of drinking something non-alcoholic.

Community Prevention Approaches

American Indian communities are recognizing the importance of involving the entire community in social problems affecting their reservations and communities. This approach relates well to Indian traditional and cultural problem solving methods.

In order to develop community oriented prevention/treatment approaches, the following factors should be considered:

1. A needs assessment or community assessment of substance use and abuse should be undertaken.
2. A thorough tabulation and interpretation of the data and findings of this assessment should be presented to the entire community.
3. Task groups should be formed to address each of the important areas identified in the assessment.
4. Membership of task groups should include American Indian youth, their parents; community and tribal leaders; professional people; members of social service agencies including substance abuse treatment centers; school personnel, including Head Start; religious representatives; police and corrections officials; and traditional Indian people from all age groups, with particular emphasis upon inclusion of the "elders" of the community.
5. Every agency and unit within the community that has or can develop a role in addressing substance abuse problems and provide resources for funding sources should be included.

Some examples of effective and innovative programs from a variety of Indian communities include the following:

Ignacio, Colorado: Indian Youth "Drug Busters"

This program was developed with the cooperation of two VISTA volunteers, the Southern Ute tribe and the community of Ignacio, Colorado in the early 1980's. The program is supervised by adults but run primarily by youth group members who call themselves "Drug Busters." Among their group supported activities are the following: a 320 mile annual run from southern Colorado to Denver where the youth deliver a message to the Governor and Legislature related to their concerns about substance abuse and the importance of curbing the problem and providing

alternative activities; monthly meetings to which the youth are invited; movie trips to a nearby city; drug-free parties and dances including an all night New Year's Eve party; renovation of an old building to serve as a teen center; and fund-raising activities. A 25-minute video has been prepared describing this project and can be obtained from the Southern Ute Tribe, Box 294, Ignacio, Colorado for the cost of the postage.

Chevak Village Youth Association — Alaska

This community approach is described by McDiarmid (1983). The organization came into being to provide primary prevention services to reduce several social problems of the Village including alcohol and drug abuse. The Association serves not only youth and young adults but the entire community. The youth are responsible for generating the larger proportion of their budget. They sponsor many activities to offer constructive alternatives to boredom and substance abuse for all age groups in the Village. They sponsor community "festival" activities in the spring and fall. Community service is an important component of their organization. Many young people are involved in the leadership and voluntary service roles required to accomplish the goals of the Association.

Soaring Eagles — Minneapolis, Minnesota

This group was organized in 1983 to promote the development of leadership abilities of Indian young people in the Minneapolis area. It now provides social, cultural, and educational activities for youth between the ages of three and twenty years of age. Alternative activities to substance use are promoted. Supportive relationships are developed with other Indian youth and adults who do not use or abuse substances. Educational achievement and attainment are encouraged and positively reinforced. Positive enhancement of self-image and identification with "Indianness" are encouraged. Individual goals are set by each group member to accomplish during the year. Service activities to younger youth and the community are encouraged. Family activities are held on a regular basis. An annual summer family retreat to a nearby Indian reservation is an important component of this program. As each summer family retreat is evaluated, parents repeatedly ask that this program be continued. It is the source of much enjoyment for all family members. The retreats build feelings of closeness and promote family stability. Transportation to and from the Social Center is provided for all youth requiring this service.

Each of these programs are effective because they were organized and continue to operate with considerable community support. The procedures utilized in helping establish and maintain these programs are discussed in the introduction to this section and in the discussion which follows. One of the most crucial variables is a staff which has the capacity to relate to all community members; the energy to withstand criticism and high expectations; and commitment to the purposes and goals of the project. Strong staff support systems are crucial to the success of these programs. Administration and supervisors must provide "time out" for staff, as appropriate; and positive, on-going support and recognition. Every member of the community must have the potential for being served by some aspect of the program. The program should develop community bonding as well as individual and family growth.

Many other Indian communities are in the beginning stages of community development projects such as these. An Indian tribe in Montana has developed a "Healing Center" which is sponsored by the Alcohol and Drug Program but supports "healing and growth activities" for all community residents. Apache tribes are developing programs which emphasize youth taking leadership roles. Talking circles are often important components of these projects. From Alaska to

the north — throughout the United States, Indian programs are sponsoring "Gatherings" which reinforce "drug free" Indian activities, and promote an atmosphere that encourages positive growth experiences. As these programs continue to develop, the sharing of their successes could promote an attitude of "positive risk taking" in many Indian communities, as each group is encouraged to develop its own programs and growth experiences.

Helping Programs Achieve Their Goals

While there is little argument about the importance of dealing effectively with the problems of American Indian youth substance use, there are often serious differences of opinion as to the method, and who should be responsible, for directing such programs. It is vital to build cooperative relationships with all agencies and groups working in behalf of American Indian youth. Conflict should be addressed and worked through professionally by utilizing community boards, councils, and other resources. Addressing conflicts immediately and in an up-front professional manner will help control development of vested interests, schisms, or divisiveness which so often influence the development of new programs. Participation and ideas from Indian youth and their parents are important. Representatives from these groups should be active members of task groups or councils which are designated with the role of addressing adolescent substance problems. Helping adults appreciate the contributions youth can make to such programs is pertinent to their success. Involvement of all formal organizations dealing with adolescents is also crucial in implementing sound youth prevention and treatment programs. These organizations include, but should not be limited to, tribal councils and other Indian organizations, schools, social service programs, Indian Health Service programs, tribal and municipal police departments and courts, religious organizations, self-help groups such as those sponsored through A.A. and all other resources which have, or could have, impact upon American Indian youth.

Another important consideration is the element of patience. Many successful community programs take years to develop. Viable projects are always in a state of flux. Information and recommended changes must always be welcome. Mistakes should be corrected but not overly criticized. Cooperation and growth are highly valued on individual, group and community levels. These projects emphasize community pride in the success of each program component.

SUMMARY

Traditional values of American Indians promote their physical and mental well being. While Federal Government policies have influenced the development of American Indian tribes historically, there is an emphasis at the present time on promoting self-determination for American Indian people in resolving their own problems. Much effort has been put forth to understand the problem behaviors associated with alcohol and drug use and abuse. It is time for American Indian tribes to develop community related approaches toward the prevention and treatment of substance use and abuse in their communities. These approaches should involve youth, families, and formal and informal organizations in providing services to Indian people. The approaches require coordinated community efforts in addressing the primary prevention needs of youth while providing opportunities for worthwhile involvement in activities that develop self-esteem and positive identification with "Indianness."

Through coordinated community efforts, all Indian people could be positively involved in programs which enhance their Native American value systems, culture, and traditions, while promoting the prevention of substance use and abuse.

FOOTNOTE

"In Navajo traditional medicine, the function of diagnosis and treatment belong to two specialists. Diagnosis is done by a hand-trembler or stargazer. Often the diagnosis arrived at will dictate an elaborate healing ceremony, which is presided over by the singer. Learning the ceremonies, rituals, and chants so that they will be letter-perfect is a long, arduous task, undertaken by few" (Beiser and Degroat, *Psychiatric Annals*, November, 1974).

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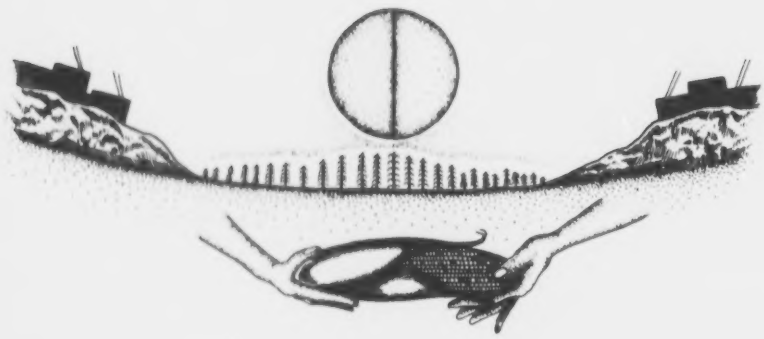
School Problems



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SCHOOL PROBLEMS:

The values of education and training are echoed by this reprisal of Hopi naming symbols contained in the frontispiece. The Corn Mother, as the ultimate nurturing symbol, is most appropriate to convey the healthy development of children in their formative years. The naming liturgy is the concrete expression of the symbols contained in this drawing.

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SCHOOL PROBLEMS

Outline

A. Introduction/Purpose
   1. General comments about the nature of schooling/education in this country
   2. Basic considerations or background information to set the framework for the rest of the paper
   3. Purpose

B. Values
   1. Schooling/education in our society and the values they promote
   2. American Indian values and how they compare to the school values

C. Social Policy History
   1. Past history of education and the American Indian
   2. Current situation — problems and concerns
   3. Future considerations
   4. Understanding the school — how it operates and the kinds of programs available to benefit Indian students

D. Theory Base
   1. Key terms: Assimilation, Cultural Pluralism, Multicultural Education, Bilingual Education
   2. What happens when cultures meet
   3. Relevant education for Indian students

E. Family Practice
   1. Parent involvement
   2. Teachers of Indian students
   3. Dialogue with schools

SCHOOL PROBLEMS

by John W. Tippeconnic III

Introduction and Purpose

Students spend a lot of time in schools. By the time a student is ready for the eighth grade, he or she has already spent approximately 7000 hours in school. A lot happens during this time. School is a place where students pass and fail exams, where they read, do math problems, and write stories. School is a place where students play and fight, laugh and cry, where they are disciplined or praised, where they meet friends and foes, where they can be happy or sad. Students can have good teachers they remember or bad teachers they would like to forget.

In the United States, education or schooling is considered to be very important to most people. There are state compulsory attendance laws that require young people to be in school. Many American Indian tribes also have compulsory school attendance laws. An education is considered necessary to learn the basic reading, writing, math, and English skills to function in society. An education is also viewed as being important in teaching social skills and values that help us get along with other people, to understand how our system of government works, and to have some knowledge of the world around us. Often, a high school diploma or college degree is necessary to get a "good" job.

However, going to school and graduating are not easy. They can be especially difficult for American Indian students. The purpose of this paper is to discuss schooling and the American Indian. School problems will be identified and discussed. Specific skills and approaches will be presented to help professionals, including social workers, make the schooling experience successful for more American Indian students.

Basic Considerations

A few basic considerations are presented below to help set the framework and provide information that will create a greater understanding of the material presented in the rest of the paper.

1. The formal education of American Indians takes place in schools which are institutions that are not part of the Indian culture. Schools use teaching and learning methods quite different from the traditional ways Indians learned.
2. Education is changing. There has been a national reform movement in education during the 1980's. The result has been an increased emphasis on the basics — math, science, reading, writing, computer literacy, foreign languages, etc. Testing, especially standardized achievement test scores, are emphasized. Admission standards to colleges and universities have increased. Many teacher training programs require competency exams before admission and before certification. All of these changes can adversely affect the Indian student because differences are not emphasized and testing is often culturally biased.
3. Schools teach values, often in what is called a "hidden curriculum." This is the informal or unofficial curriculum of the school and is often made up of rules and regulations, student expectations, and values which are taught and reinforced by classroom practices.
4. In general, the history of Indian education has not been a good one. One national study conducted in 1969 described the education of American Indians as "a national tragedy, a national challenge." During the 1970's and 1980's the education of Indian students has improved somewhat, but

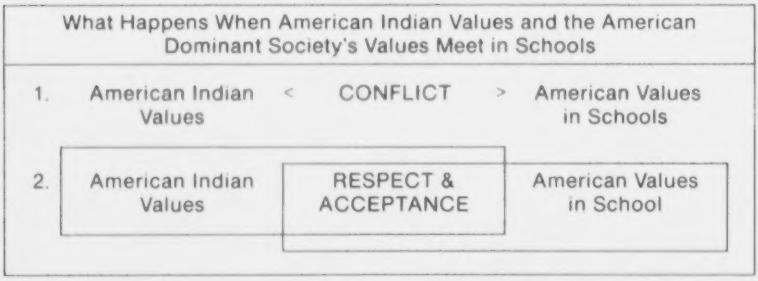
many students continue to have difficulty succeeding in public, BIA, and mission schools. Until recently, Indian parents were not allowed or encouraged to be involved in the education of their children. The curriculum used often is not relevant to Indian people. During the late 1960's and into the 1970's tribal or contract schools, like Rough Rock Demonstration School, were established. Tribal Community Colleges were also established during this time. These tribal schools are controlled by Indian people and offer an education based on the culture and language of the people.

5. There is great diversity among Indian people. Each tribe is different from other tribes. There are even language and cultural differences within tribes. There is also great diversity among individuals. Individual participation in tribal languages and cultures varies from total involvement to no involvement at all.
6. Educators, parents, and other concerned adults can make a difference in the education of Indian young people. Support, encouragement, help or just being there to talk and listen can contribute to the success of Indian students.

Values

A basic point to be made in this section is that schools teach students values that are often different from the cultural values of many American Indians. Figure 1 presents two possibilities of what can happen when American Indian values and the dominant American values meet in schools. The results can be value conflicts that could lead to problems for Indian students. However, the results do not have to end in conflicts but can lead to increased understanding, respect, and acceptance for different values which can help lead toward academic success for Indian students. An objective for professionals who are working with Indian students is to create mutual respect for value differences among students and educators.

Figure 1


What Happens When American Indian Values and the American Dominant Society's Values Meet in Schools
1.
American Indian Values
<
CONFLICT
>
American Values in Schools
2.
American Indian Values
RESPECT & ACCEPTANCE
American Values in School

It is difficult to determine the purpose of formal education in the United States today. Perhaps it is because public education is a function of the states, not the national government. Thus, there are 50 different approaches to education which make it difficult to reach a common purpose of education for all schools. It is even more difficult if BIA, Tribal or Contract, and Mission schools are included. It is known that schools are considered a major institution in society that help prepare or socialize students to function in our society. In other words, schools are a reflection of our society and tend to promote the dominant American values over values of ethnic minority or cultural groups like American Indians.

What values do schools promote? Figure 2 compares some of the common values taught in most of our schools. These are considered "American values" and many educators want them taught to all students in our schools. Figure 3 represents some common Indian values. Keep in mind that these values represent generalizations and that significant differences exist among schools, individuals, and tribes. To generalize from these values and conclude that all schools are this way or that all Indians have these values is to be guilty of stereotyping.

Figure 2

American Values Taught in Schools
Competition
Individualism or Self-Reliance
Work Ethic
Achievement and Success measured by material goods
Democracy

Figure 3

Core American Indian Values	
Cooperation	Cooperation is highly valued. In conflict with competition.
Group Harmony	Needs of the group are considered over those of the individual. Often at conflict with individualism.
Modesty	Do not boast or bring attention to youself. Physical modesty also applies.
Autonomy	Respect for the individual's dignity and personal autonomy. May resist involvement of outsiders.
Placidity	Silence is comfortable. Conflict because Indians are incorrectly viewed as shy, slow, or backward. Conflict with the dominant society's view of action over inaction.
Patience	The ability to wait is considered good.
Generosity	Sharing is valued. Generosity brings respect.
Indifference to Ownership	Obtaining material goods merely to have them is not important.
Indifference to Saving	In conflict with the dominant society's view of saving for the future.
Indifference to Work Ethic	Adherence to a rigid work schedule was not valued.
Moderation in Speech	Talking just to talk is discouraged. Ideals and emotions are conveyed in behavior, not words. Conflict in that Indians may be considered withdrawn, shy, or unsociable.
Careful Listening	Being a good listener is important since traditions were passed on orally. Conflict when teaching emphasizes talking over listening.

Figure 3 *(Continued)*

Careful Observation	Note fine details, perceive ideas and feelings through behavior.
Permissive Child Rearing	Traditional Indian child rearing practices may be labeled permissive compared to European standards. Child rearing is self-exploratory rather than restrictive.
View of Time as Relative	Time is flowing, things are done when they have to be done. Conflict with time conscious dominant society.
Orientation to the Present	Living each day as it comes. Conflict with dominant society's emphasis on the future.
Pragmatism	Deal with the concrete rather than the abstract.
Age	Age is valued, elders are treated with respect. Conflict with dominant society's emphasis on youthfulness.
Respect for Nature	Live in balance or harmony with nature. Conflict with dominant society's view of controlling nature.
Spirituality	Religion is an integral part of each day, it is a way of life.
Discipline	Demeaning personal criticism and harsh discipline are to be avoided. Noncorporal means of discipline are preferred.
Importance of Family	The extended family is valued.
Importance of Cultural Pluralism	Assimilation is resisted; Indians want to retain as much of their culture as possible.
Avoidance of Eye Contact	The avoidance of prolonged direct eye contact is a sign of respect. Conflict with dominate society's reliance on direct eye contact.
Holistic Approach to Health	Sickness implies imbalance within the individual; a medicine person may be preferred rather than a doctor.
Importance of Bilingualism	Indian languages are considered important and keep cultures alive. Conflict with dominant society's emphasis on English.
Caution	Caution is used in personal encounters; usually not open with others. Conflict with the American ideal of appearing friendly and open.

Source: California State Department of Education, *Indian Education Handbook*, (Sacramento: 1982). A comprehensive listing with educational considerations is found in the handbook.

Skills needed to gain a greater appreciation of how schools promote and teach values.

1. Assessment skills to determine what values are being taught to students.

2. Assessment skills to determine key individuals in a school, such as teachers, principals, counselors, etc., to determine how they feel about American Indians.
3. Assessment skills to determine the knowledge and participation of Indian students in their tribal language and culture.
4. Communication skills to articulate Indian values and how they may influence teaching and learning in a school setting.

Activities

1. Talk to teachers, principals, counselors, other educators, and parents and ask them about values and what values are being taught in the classrooms. Classrooms can also be observed. Determine what happens when values meet as illustrated in Figure 1. If Indian values are being respected and accepted your job will be easier.
2. Review the Indian values listed in Figure 3. Relate them to your particular tribal setting to see how many apply. Also, when working with students, apply the values to students to determine their participation and knowledge of the tribal language and culture.
3. See if the school has a Title IV Indian Education program or a Title VII Bilingual Program. If these programs exist, contact them, meet the people, and find out what they are doing. They may be valuable sources of information. For example, bilingual programs may have language assessment instruments to determine language fluency.
4. It was previously mentioned that an objective for professionals who are working with Indian students is to create mutual respect for value differences among students and educators. This is difficult to do because it deals with attitudes and values of individuals. However, a starting point is to conduct in-service training sessions for teachers, counselors, administrators, and other educators on the tribal language and culture. Try and create some openness in individuals to listen and respect cultural differences in people.

SOCIAL POLICY HISTORY

Brief History of Indian Education

The history of formal education of American Indians in schools has not been a good one. Assimilation, both forced and through persuasion, has been the dominant policy by the federal and state governments. Education was, and continues to be viewed, as the tool to change the Indian, to rid the Indians of their language and culture and to promote English and a non-Indian way of life.

Religious groups first educated American Indians during the 1870's and 1880's. The curriculum was the Bible and the approach was to "christianize and civilize" the Indian. The federal government first established boarding schools during the 1870's. They were often located great distances from Indian people. The philosophy and curriculum of boarding schools was to assimilate the Indian as quickly as possible by emphasizing the English language, the work ethic, discipline, and by forbidding anything to do with Indian languages and cultures.

During the 1930's day schools were emphasized over boarding schools. The importance of students being near their families was realized. Indian culture and language was actually used in some classrooms, although assimilation was still the goal. It was also during this time that public school education was emphasized. The Johnson O'Malley program was established

in 1934 to encourage public schools to educate Indian students. The Johnson O'Malley program provides federal funds to schools to meet the educational needs of Indian students. The program comes under the jurisdiction of the BIA.

During the 1950's the federal government policy of "Termination" meant that the curriculum in school again changed to English only with Indian languages and cultures again viewed as barriers to education and assimilation. The 1960's saw a change toward relevant curriculum for the Indian student, with more emphasis on bilingual-bicultural education and parental involvement. The first Indian controlled school was established in 1966 at Rough Rock on the Navajo Reservation.

"Self-Determination" became the official federal government policy during the 1970's and continues today. Self-Determination means that Indian people should determine their own future; in education it means that Indian people should be involved in major decisions that affect the education of their children and adults. In 1972 the Indian Education Act, known as "Title IV," was passed by Congress. Title IV provides money to public schools to help educate Indian students and establish parent committees to advise school districts and get parents involved in the education of their children.

Current Situation

As listed in Table 1, American Indian students attend four types of schools. The number attending public schools continues to increase while the number attending Bureau of Indian Affairs schools decreases. All four types of schools exist in Arizona, with a significant number of BIA schools existing primarily on reservations.

Table 1
Indian Student Enrollment by Type of School
(Nationwide)

Type of School	Number of Students	Percent
Public Schools	298,107	82
Bureau of Indian Affairs	28,810	8
Contract or Tribal Schools	11,180	3
Mission/Private Schools	25,448	7

Source: Bureau of Indian Affairs, Budget Justifications, F.Y. 1988.

Most students attend public schools where the curriculum is controlled by the states. The curriculum varies from state to state and often from school to school, but in general, basic skills like math, reading, writing, English, and science, are being emphasized. There is also a greater emphasis on testing, especially standardized achievement testing. BIA schools are experiencing the same kind of issues since they look to the states for educational standards.

Some of the current problems in the education of Indian people are:

1. Dropouts
   National dropout rates are difficult to determine since they vary according to local situations. The best sources are local schools or tribal data. In general the dropout rates are high. One national source reported that the dropout rate for American Indian high school sophomores was 29.2 compared to 13.6 for the general public (Center for Educational Statistics, 1986).

There are many reasons why students drop out of school. One reason is because of teenage pregnancies. Often, there are no alternative programs that allow teen mothers to continue their education.

2. **Curriculum Issues**

   There has been a long standing concern that the curriculum taught in schools is not relevant to the needs or culture of American Indian students. Bilingual-bicultural materials are available in some schools, especially if Title IV or Bilingual Education programs exist or if Indians make up a large majority of the student enrollment. American Indian related curriculum materials are especially prevalent in tribal or Indian controlled schools.

3. **Academic Achievement**

   In education, testing is a means to determine how well students are doing academically. Currently, testing is being emphasized in education. Often, academic success is measured by how well students do on standardized achievement tests or on standardized competency exams. Unfortunately, many Indian students do not do well on these kinds of tests. Claims have been made that these tests are culturally biased and that Indian students may lack test taking skills.

   It is interesting to note that, in general, Indian students do well academically in the early grades. Around the fourth or fifth grade Indian students begin to experience difficulty and often fall further and further behind as they advance from one grade to the next. There is no accepted explanation for this, but it may have something to do with the content of the curriculum, teaching methods, or teacher expectations. Often, teachers have low expectations of Indian students.

4. **Parent/Family Involvement**

   Historically, Indian parents have not been involved in the education of their children, not because parents aren't interested, but because schools did not value or allow their involvement. Today more parents are involved and programs like JOM and Title IV have parent committees that encourage involvement. Often parents do not understand how to get involved, their role in the educational process, and the purpose of schooling. Parents may perceive or take it for granted that education, without their involvement, means their children will successfully complete school and get a good job. There continues to be a need to get parents involved with the teachers of their children.

5. **Need for Good Teachers and Other Educators, including Indian Teachers, School Administrators, and Counselors**

   There is a real need for educators and counselors who are effective in working with Indian students. Often, because of isolated conditions, living situations, or pay, it is difficult to get good teachers to work in reservation schools. Indian educators are especially difficult to get because there are just not enough of them to go around. There are few Indian role models and programs that provide information to Indian students to motivate them to become teachers, counselors, administrators, and other educators.

6. **Drug/Substance Abuse**

   The "use of drugs" continues to be the number one problem in schools around the country. Drugs/substance abuse is increasingly becoming a problem among Indian students. There is a need to train

teachers, school administrators, counselors, parents, and community leaders in this area.

7. **Non-Indians' Understanding of Indians**
   Non-Indians do not always understand or respect Indian students in our schools. The reasons vary from lack of knowledge and awareness to outright racism. There is a need to create a better understanding of the culture, including language, of Indian people. There is also need for educators of Indian people to understand how Indian people learn (learning styles).

8. **Jurisdictional or Who is Responsible for Education?**
   As noted above, American Indian students attend public, BIA, Contract or Tribal, or Mission/Private schools. Some students go back and forth between these school types. To complicate matters, there is little communication between schools and little follow-up when students leave one school type for another. This is especially critical in student dropout situations where the schools pay little attention to the student and where parents may also pay little attention to their child's education. Often, no one school type wants to take responsibility for the students.

The Future

In spite of the problems mentioned above, the future of education for Indian people is positive. There are more Indian people attending and completing school than ever before; more are also attending colleges and universities. Even though there is a focus on the problems, there are many positive things going on in the education of Indian students. Look for these positive aspects when working with schools and Indian students.

Understanding How Schools Operate

Schools are the same yet different. Schools tend to look alike, with teachers, principals, students and classrooms where math, reading, English and other subjects are taught. Schools are also different, some are public schools, others are BIA or tribal or mission schools. They may also operate differently, teach students differently or have different activities for students. Some have a fence around them, others don't. Some value parent involvement, others don't. Some have strict rules and regulations, others don't.

It is important to understand how a school operates if one is to work with educators and students, or address some of the problems faced by students and parents. Below are a number of ways to help understand the school:

1. **Organizational Chart**
   Obtain and examine the organizational chart of the school or district. The chart will indicate lines of authority and responsibility. The School Board will be near the top of the chart because they have legal authority to govern and set policy, the Superintendent is usually next in line and represents the top administrator. Also note other offices or positions. Is there a community liaison position? The chart may also have names of individuals who hold key positions.

2. **Documents**
   Schools have a number of documents that are considered public and available. School budgets report where money comes from and how it is to be spent. Budgets also indicate priorities for schools. School personnel policies and procedures show how teachers, counselors, administrators,

and other educators are recruited, selected, and evaluated. Teacher handbooks often indicate the school philosophy, teacher responsibilities, and other information about the curriculum and teaching. Student handbooks report rules and regulations students are expected to follow. Curriculum guides may indicate instructional objectives and materials and textbooks used in different grade levels and subjects.

Individual records are also kept for each student. These files are confidential and controlled by privacy laws. However, parents have the right to review files of their children at any time.

3. **Key people**

There are a number of key people in each school. These individuals are sources of information and, depending on their position, can make decisions affecting students. Key people include: School Board Members, Superintendent, Principals, Teachers, Counselors, Project Directors, Paraprofessionals (teacher aides), volunteers, and students. Regular classroom teachers are critical resources and should be contacted often to determine the status of individual students.

4. **Programs for Indian students**

There are a number of programs that provide special services to Indian students. Staff who work in these programs are good sources of information and are usually willing to assist when Indian students are having difficulty. Among the programs are:

Title IV, Indian Education Act Programs — provides money to public, BIA, and contract schools to meet the culturally related academic needs of Indian students. Programs are supplemental to the regular school curriculum. Activities are determined by a local needs assessment and often include tutoring, cultural awareness and self-concept activities. Indian people are usually employed in these programs.

Johnson O'Malley Programs — provides money to schools or to tribes to meet the educational needs of Indian students. JOM programs are supplemental to the regular school program. In Arizona, the State Department of Education administers the JOM programs for some tribes while other tribes administer their own programs.

Chapter 1 — (formerly called Title I) provides money to students who come from low socio-economic income levels. Indian students often qualify for services; services are often for remedial support.

Title VII, Bilingual Education Act Programs — provides money to educate students with limited English proficiency. Either ESL or bilingual programs are supported with these funds. In both programs, the goal is for students to learn English.

Special Education Programs — Public Law 94-142 is a Federal mandate to schools to provide free appropriate public education for handicapped children in the least restrictive environment.

Other Special Programs may be available from the state in which the school is located, i.e., the State Department of Education. Tribes may also provide services to students in a school setting.

5. **Parent Organizations**

Schools have parent-teacher organizations (PTA's or PTO's) that support teachers and students in a variety of ways.

The programs mentioned above, e.g., Title IV, JOM, Chapter 1, Title VII, etc., have parent committees that advise and decide activities for their programs. These parent committees have proved to be effective in involving Indian parents, often for the first time, in school activities.

Skills

1. Research and reading skills
2. Skills to determine school and student problems
3. Communication skills

Activities

1. Read about the history of Indian education in this country or for your tribe. Detailed histories can be found in the American Indian Policy Review Commission, *Report on Indian Education*, (Washington, D.C.: U.S. Government Printing Office, 1976) and Margaret Connell Szasz, *Education and the American Indian: The Road to Self-Determination Since 1928*, (Albuquerque, NM: University of New Mexico Press, 1974).

   The State Department of Education, Indian Education Unit, in Phoenix and the state universities are good sources to find historical and current information about the education of Indians.

2. Obtain and study key documents about the school that will help you understand the school better. Get an organizational chart and some of the key documents mentioned previously. Determine who the key people are in the school and meet them.

3. Determine local school and student problems. Review the list of problems presented above and determine if any of them exist in the schools you work with. Talk to the principal, teachers, counselors, and other educators to determine the problems and what is being done to address them. Another source is the special programs, like Title IV, where local needs assessments are conducted. Tribes are another source of information about problems. **Also, while doing this activity, focus some attention on identifying positive or good things that are happening.**

4. Conduct an assessment of the school to determine what special programs exist for Indian students. Look for the programs that are listed above. Some schools will have a federal programs person or a grant specialist who is knowledgeable about these programs. Also, find out who is working in these programs and what these programs are doing.

5. Join or attend a parent advisory committee and get involved in addressing issues faced by students and parents. Let teachers, administrators, and the school board know about the issues and offer possible solutions as to what they can do to help solve some of the problems. **Also, inform them about the good or positive things happening to students and parents.**

6. Determine how, in your community, dropouts can be identified, contacted, and placed back in school. What different types of schools are there? How do these schools work with each other? What school has major responsibility for student dropouts? How is the tribe involved? Who are the key individuals at the schools that you should work with? What are the major reasons for dropouts in your community? What is the dropout rate at each school?

Theory Base

Educational theory helps to guide teaching and learning in classrooms. These theories can also help distinguish between an Indian and non-Indian perspective. Cultural pluralism, multicultural education, and bilingual education recognize and support the Indian view while assimilation is clearly the majority perspective. Definitions of these theories and how they have been used to educate Indian students follows:

Assimilation is a process by which ethnic and cultural groups become synonymous with the dominant group. It means the total take-over of one group by another. In America it means total abrogation of one's culture and the adoption of Anglo-American culture.

Assimilation, either forced or through persuasion, has been and continues to be the policy in many of the schools that educate Indian students. The goal in such schools is to deemphasize Indian values and culture and promote the values of the dominant group. Often in such schools, Indian students are led to believe their culture is of lesser or no value. Students may even feel ashamed of their Indianness.

Cultural Pluralism means that ethnic and cultural groups continue their traditions and existence as a group, they have something positive to contribute to the dominant group, and they live within certain confines of the larger group. Group differences are respected and recognized.

Multicultural Education is a process by which people develop competencies in different cultural groups. MCE supports cultural pluralism. The major goal of MCE is to change the educational environment of schools so students will develop competencies in multiple cultures and provide members of all groups with equal education opportunity.

Bilingual Education is a concept that includes, rather than excludes, languages in the teaching and learning process. In schools, bilingual education means the use of two languages, one of which is English, in the instruction process. Three basic kinds of bilingual programs exist:

Transitional — the language and culture of the student are used only to the extent that it is necessary to learn English. The goal is to make the transition from a native language to English. Most bilingual programs are transitional.

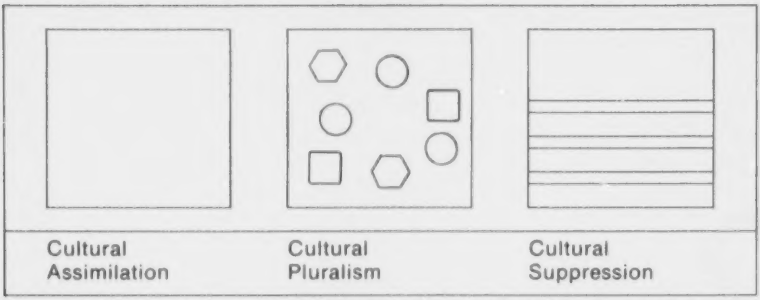
Maintenance — the language and culture of the student are maintained and English is promoted. Students are encouraged to become literate in their own language.

Restoration — the goal is to restore or revitalize a language. Such programs are rare and not encouraged by Federal and state funding sources. Indian tribes who have lost or are losing their language may support this kind of bilingual program.

What Happens When Different Cultures Meet?

Figure 4 illustrates what can happen when ethnic minority groups or cultures meet.

Figure 4



Source: Christian I. Bennett, (1986) *Comprehensive Multicultural Education: Theory and Practice*, Boston: Allyn and Bacon, p. 40.

At one extreme is cultural assimilation in which members of a cultural group give up their original culture and become absorbed into the core culture. At the other extreme is cultural suppression, which means the cultural group retains some of its culture and becomes segregated from the rest of society. The dominant society considers the cultural group as inferior and sets up policies to preserve white supremacy. Cultural pluralism represents a "process of compromise characterized by mutual appreciation and respect between two or more ethnic groups." Members of the different cultures are allowed to retain many of their cultural ways as long as they conform to the practices considered necessary for the survival of the society as a whole.

American Indians have and continue to experience both extremes, assimilation and suppression. Cultural pluralism is the preferred approach since Indian people would retain much of their language and culture with respect and appreciation from the dominant society. Cultural pluralism has not been fully achieved by our society nor by schools that educate Indian students. Cultural pluralism has not been achieved because our schools continue to emphasize the values of the dominant society without recognizing values of American Indians. For example, English is promoted and Indian languages are not even recognized, or competition is promoted in classrooms while working together or cooperative learning receives little attention.

Relevant Education

An education process based on cultural pluralism is the preferred approach to teach Indian students. Bilingual education and multicultural education are two approaches that support cultural pluralism. Both approaches are considered relevant to the educational and cultural needs of Indian students.

Skills

1. Communication skills
2. Assessment skills

Activities

1. Review the theories or concepts of assimilation, cultural pluralism, multicultural education, bilingual education, and determine which one is presently being practiced by the school.

2. If a bilingual program exists, determine what kind of bilingual program it is, i.e., transitional, maintenance, or restoration.

3. Determine if the education being provided by the school is relevant to Indian students. Is the educational process based on the needs of the students? Is the Indian culture and language recognized in the curriculum? Does the school environment recognize Indian cultures and languages?

Family Practice

Parent Involvement

Often it is difficult to get Indian parents involved in the education of their children. Yet, it is known that parent involvement and support help to make successful students. Most teachers want parents to be involved. Why, then, is it so difficult to get parents involved? There are many reasons, one being that, historically, Indian parents were not allowed or they were actually discouraged from becoming involved. Also, Indian parents may feel uncomfortable in a school setting, especially if parents are made to feel they don't know anything and have little to contribute. Parents do not fully understand their function in the schools or the purpose of schooling. However, lack of parental involvement does not mean that parents are not interested in the education of their children; most Indian parents are interested and want an education for their children.

Ways Schools Get Parents Involved

1. Parent-teacher conferences — where parents can discuss the progress of their children or where teachers can discuss certain student problems and solicit parental support.

2. By volunteering to help the teacher in the classroom or by assisting or attending extra-curricular activities.

3. By assisting their children with homework and/or arranging for their children to get help from tutors or services from special programs like Chapter 1 and Title IV.

4. By serving on parent committees associated with Title IV and JOM programs. These committees are made up of Indians and created as a way to get more Indian parents involved. These committees are an excellent way Indian parents can begin to get involved.

5. Other ways include having teachers and other educators go into the community to meet with parents. Or by asking parents to show interest and support in education by talking to their children about school.

Skills

1. Communication skills
2. Assessment skills

Activities

1. Talk to the principal and teachers about parental involvement. Talk to parents about involvement; see if they feel welcomed and determine how they support the education of their children.

2. Determine how the school gets parents involved, refer to the list above. Determine new ways to get parents involved.

Teachers of Indian Students

As mentioned earlier, there is a need for good teachers to teach Indian students. Often, it is difficult for schools on reservations to find good teachers. This is especially so if schools are looking for bilingual teachers, special education teachers, or math and science teachers. It is also difficult to find Indian teachers.

Being a good teacher includes having some knowledge about American Indians and using that knowledge to help students learn. If a teacher has some awareness and respect for Indian values and culture, they will have a better understanding of how Indian students learn. Often, Indian languages and cultures influence how Indian children learn. For example, students may learn better from their peers in groups rather than in individual competitive situations. Teachers can then change how they teach to match how students learn. Most non-Indian teachers have very little knowledge about Indian people. Teacher training programs at colleges and universities do not adequately prepare teachers to teach Indian students. Thus, the teacher's knowledge of American Indians comes from their life experience and may result in stereotyping the Indian, using teaching methods that don't work, or forcing their non-Indian values on the student. This can be frustrating to both the teacher and the Indian student.

Skills

1. Communication skills
2. Interpersonal or human relation skills
3. Assessment skills
4. Serving a resource person

Activities

1. Talk to teachers to determine their experience and knowledge about Indian culture and values. Determine their willingness to learn about the culture, language, and values of the students they teach.

2. Identify activities and resources for teachers to increase their knowledge. Identify individuals they can talk to, books to read, films to see, cultural activities to attend, and even help sponsor in-service training sessions for teachers. In other words, arrange meaningful learning experiences for educators that go beyond social gatherings or pow wows.

Developing a Dialogue with Schools

Schools are formal institutions in our communities. They can be isolated from the rest of the community, especially on reservations where they are often set aside in a school compound. For the parent, social worker, or other outsider, schools can be difficult to deal with. They represent impersonal bureaucracies that often leave us frustrated when we are trying to work with student problems.

There is no easy way or answer when working with school problems. Schools and educators in schools are different; some seek others to help them with problems, others do not want outside help; some schools are more receptive to learning about the local community and culture, others are not. What this means is that we must determine the kind of schools we are working with, the problems that are present in the school, and the willingness of the school to solve the problems.

It also means that at times we play the role of bringing the parents and the school closer together, or we try and bring together the values of the school and those of the Indian student so they do not conflict. We can also help to educate the teacher about the culture and language of the students. We have to be persistent and possess communication skills, assessment skills, and human relation skills. The job is difficult but it can be done.

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Other Sources

The following are a sample of sources where additional information about the education of American Indians can be obtained:

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2. Center for Indian Education, Arizona State University, Tempe, AZ. The Center is involved in research and service activities. The *Journal of American Indian Education* is published by the Center.
3. National Indian Education Clearinghouse, Arizona State University, Tempe, AZ. Located in Hayden Library.
4. ERIC/CRESS, Box 1348, Charleston, WV. 25325. ERIC is a clearinghouse on Indian education. Most major libraries have the ERIC system.
5. Tribal governments and local schools.

Child Abuse and Neglect

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12.

MOTHER AND CHILD:

The artist uses universal Indian symbols to create an ideal mother figure. The mother symbolizes the ultimate security in life.

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CHILD ABUSE AND NEGLECT

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VALUES

A. TRADITIONAL TRIBAL BELIEFS

Among Native Americans there is a great diversity in values and lifestyles. The diversity relates to the various social, political, religious and environmental factors present in tribal life. There are many values that are universal among the various tribal groups. Some of these include the following:

Belief In a Supreme Diety

Many tribes believe that a supreme being created the universe and all living things. There is a strong belief that the supreme being provides protection, guidance and the necessities of life. Various tribes refer to the supreme being as Grandfather, the Great Spirit, and the Creator. Among the tribes in the Southwest, the diety usually has a name in the tribal tongue.

Indian people value their ancient beginnings which are recorded in tribal origin stories. These stories have been maintained in the oral tradition, but many groups have used other means, such as the Pima family histories and events recorded on calendar sticks.

In the origin stories, people, animals and other living things usually participated. As these beings moved through space and time, they gained an understanding of how their world would be and the character of life they would assume.

In these stories and in the tribal beliefs today, there is no hierarchy of beings. Insects share life on the same level as humans and each creation has its place and responsibility in the natural order of life. This concept differs greatly from the Western evolutionary theory proposed by Darwin.

When these final beings emerged onto land, coming from various elements as the sky, water, clouds, center of the earth, specific lessons about how to live and the preservation of community life were learned. These lessons were transmitted through a societal structure of clans or clan systems.

Respect and honor of one's self, family, clan or tribe

One is not to bring shame or dishonor upon himself, his family, his clan or his tribe. This value is held very highly. An individual is taught that his clanship or kinship is very important and he is not to bring about any behaviors that would cause one to be shamed.

The clan/kinship system in tribal society provides specific functions which enable tribal members to clearly define boundaries of relationship, responsibility and expectation.

Clan systems are the representations of highly sophisticated and intricate relational patterns. Functionally, the clan system sets up the proper behaviors of a tribal society. The behavioral patterns determined by these systems were so clear that rightness and wrongness of actions could be sensed by the people. They had a clearer sense of acceptable and unacceptable behavior. Some of these expected behaviors are:

- Appropriate behavior (etiquette) gained through birth or marriage is determined by clan membership and the relational system it develops. It is believed, for example, that it is improper for close biological and clan relatives to marry as the individual may be marrying a sister, a brother, uncle, etc. A young man is expected to behave and relate differently to a young lady who may be his cousin through clan relationship than he does to other women not related to him biologically or by clan.

— Behaviors are the expressions of roles. Different expectations in behavior will produce different roles. Assigned and ascribed roles, in turn, dictate the expected behaviors.
— The clan system also creates for the individual important rites of passage which clearly call for new behaviors as the individual moves toward maturity into adulthood.

Respect and reverence for the land

Many tribes maintain that the earth is not to be exploited as it is a gift from the Creator to be used and not owned. The land is considered sacred and is referred to by most tribal groups as Mother Earth. All life and creation draws its energy and resources from Mother Earth.

The Indian concept of land use versus the non-Indian concept of ownership is also a value that is still maintained in many tribal societies. Traditionally, many tribes offered prayers of thanksgiving to Mother Earth before and during the harvesting of crops. Many tribal customs and ceremonies revolve around the land base.

Children are perceived to be of utmost importance

Children represent the renewal of life and the continuation of tribal society. Children in many tribes are seen as gifts from the Creator. Parents and extended family members welcome each newborn child as a special blessing. The child is highly valued and holds a distinctive place within the tribal family system.

In many tribes, traditional ceremonies or celebrations mark the milestones of the child's life. The Navajo people celebrate the child's first laugh by having a feast where relatives, friends and special guests attend. The provider of the feast is usually the individual who made the child laugh.

The traditional cradleboard is important to many tribal groups. In Navajo society, the elements in the construction of the cradleboard are very symbolic. The leather straps, the cedarwood, the headboard all symbolize the importance of the child, his parents and his environment. The cradleboard is not only constructed to carry the child, but also represents the Navajo philosophy of two human beings, the parents as represented by the two pieces of cedarwood, creating another human being and the intertwining of the leather straps to protect and keep the child centered in a safe environment. The headboard provides shade for the child and also stimulates the child's eyes to look above into the skies, representing symbolically the rainbow and the blessings to be bestowed upon the child.

The onset of a young girl's menstruation is also celebrated as a rite of passage from childhood to womanhood. The event is perceived and celebrated in tribal society as very positive and healthy. There is no attitude toward menstruation as negative or unclean in contrast to the attitudes shared within the major society of non-Indian people. The Navajo and the Tohono O'odham tribes have special ceremonies and expected behaviors of young girls upon the onset of their menses. The girl may not eat certain types of food, certain colors of food and may be restricted to stay indoors for four days.

The symbolism of life, movement into another stage of life, and role responsibilities are interwoven beautifully into the ceremonies and celebrations. The Sunrise dances of the Apache people ritualistically illustrate the young girl's entrance into womanhood. Hopi children go through initiation ceremonies as early as eight years of age in passage from childhood to adolescence, signifying first awareness of accountability.

The child rearing practices of many tribes reflect their values and beliefs about

children. In traditional tribal practice, the child was encouraged to be in touch with his environment and to develop his relationship with other beings, creatures of nature, in order to learn from them. The child, as all human beings in tribal society, was perceived as an integral part of the universe. Humans were not to be the rulers or conquerors of the universe, but to live harmoniously and equally with all other creatures. Thus, this value and practice set forth the blueprint for children to develop freely and learn through observation of the behaviors of others interacting in his environment.

The child saw that those people who were the most responsible were the most highly valued. The thrust in child-rearing practices among traditional tribal people allows Indian children to make their own judgements earlier in life than other children. This concept is confusing for non-Indian people who have not had experience with or knowledge about tribal societies. Traditionally, Indian parents have been criticized for being too permissive with their children. Non-Indian society passes judgement on the Indian parent who allows the child to make decisions and judgements on his own without the benefit of strong parental involvement. The Indian parents are seen as not providing limits, structure and reinforcement. This view incorrectly does not take into consideration the true perspective of child-rearing patterns in Indian families. Children are rarely told that they cannot do anything, but are told instead the consequences of their behavior. As children grow, they are encouraged toward independence, equipped with the learned behaviors of what is proper and inappropriate as sanctioned by that particular tribal society.

The extended family as a natural support system

Traditionally, the extended family provided a natural support system in Indian communities. Members of the extended family expect to be responsible to and for each other. The core of the extended family is found in the closest biological and clan relationship. The extended family gives the person many relatives whose responsibilities are clear because of their place and position within the individual's social context.

Many people make up the extended families and represent different kinds of resources. The nature of support may be home, money, clothes, foods, love and/or respect. These are responsibilities relatives have for each other. Relatives expect to contribute to the natural support system according to their particular resources, whatever they may be.

The influence and function of the extended family is expressed through the expectation of interdependence. These expected behaviors of interdependence provide immediate identification of resources needed to problem-solve.

The extended family has strengthened Indian communities. Its roles of nurturing, rearing, protecting and providing role models are vital to the children within the tribe.

B. WHAT IS MEANT BY SOCIAL WORK VALUES?

Values are thought of as beliefs which a professional holds about people and about appropriate ways of dealing with people.

Values differ from knowledge as knowledge is potentially provable and used to explain behavior and conceptualize practice. Values are not provable; they are what are held to be desirable; they are used to identify what is preferred. This includes preferable views of man and preferred ways of helping. (Gordon, William. 1962)

There are values that underlay social work practice. One of the central

premises consistently accepted and supported is that each person is a unique individual with an inherent worth and dignity which is to be respected. Diversity and variety among individuals are to be welcomed and encouraged.

The principle of client self-determination derives from the belief in the innate dignity of the person. The belief in client self-determination implies that people should be permitted to make decisions for themselves. Client self-determination also implies the idea of alternatives . . . making decisions from among a variety of choices. The principle of client self-determination leads the worker in the direction of developing alternatives so that the client can exercise decision making and calls for strengthening opportunities for clients to make decisions for and about themselves.

The client's right to confidentiality is the preservation of information concerning self that is disclosed in the professional work relationship. It is the worker's role to explain the limits of confidentiality and rights of the worker and client within the framework of professional and legal obligations. In Indian communities, confidentiality is imperative because often, the community structure is close and members are related to each other through blood, marriage and clans.

Felix Biestek outlines seven classic principles of casework relationships which incorporate casework values:

1. **individualization:** the principle that is "the recognition and understanding of each client's unique qualities and the differential use of principles and methods." The worker uses this principle when functioning from a nonbiased, nonprejudicial stance; when applying knowledge of human diversity; when listening and observing to understand the client; when empathizing with the client.
2. **purposeful expression of feelings:** the principle that is concerned with the client's need to express his or her feelings freely. The worker uses this principle when creating an environment that is comfortable for the client, when expressing the desire to help and when encouraging the client to express feeling and then listening to the expression of the feeling.
3. **controlled emotional response:** the principle that calls for "sensitivity to the client's feelings, an understanding of their feelings and a purposeful, meaningful response." The worker uses this principle when responding to the client on a feeling level in a purposefully selective manner using his or her self-knowledge to direct the response to the needs of the client.
4. **acceptance:** the principle calls for perception of, and dealing with, the client as he or she really is. It entails recognizing and using the client's strengths and limitations, positive and negative feelings, and constructive and destructive attitudes and behaviors.
5. **nonjudgmental attitude:** the principle that the social work function is not to place any guilt, or allow any feelings of guilt, by the worker upon a client.
6. **confidentiality:** the non-disclosure principle asserts the right of the client to protection of information shared in the professional relationship. It is the worker's role to explain the limits of confidentiality and rights of the worker and client within the framework of professional and legal obligations.
7. **client self-determination:** the principle recognizes the right of the client to make his own decisions and choices in the social work process. The worker carries out this process by helping the client explore alternatives and by helping the client see the problems

clearly and by creating an atmosphere that is comfortable for the client.

Additional values and principles in social work practice include:

— **advocacy and social action:** The social work profession has recognized the obligation of advocacy for empowerment of those who have little power. Social work believes that society has the responsibility to all of its members to provide security, acceptance and satisfaction of basic social, biological and cultural needs.

— **family focus:** The family is seen as an interacting independent system. Problems faced by any person are usually influenced by the dynamics within the family. Since a family is an interacting system, change in one member affects others. For example, in some abusing families, it has been noted that the abused child is at times a scapegoat for the parents to vent their anger and hostility. If the abused child is removed from the home, another child within the family system may become the scapegoat. (Leavitt, 1974).

— **accountability:** While some social workers view accountability with trepidation and claim the paperwork involved interferes with serving clients, social work has an obligation to federal, state and private funding sources to provide the highest quality services. Social workers need to become skilled at evaluating their effectiveness in providing services.

Exercise:

Goal: This exercise is designed to help students clarify their values regarding a number of prominent issues in social work. Workers need to be aware of their personal as well as professional values so that they know when they should take a non-judgemental position in working with clients, and when they should seek to persuade clients to adopt a particular set of values.

Process: The students should divide into sub-groups and arrive at answers to the following, and state reasons for their answers.

1. Assume that you are a protective service worker and that you have evidence that a father is committing incest with his 10 year-old daughter. Would you seek to end the incest by (a) seeking to provide counseling services to all members of the family in order to keep the family intact or (b) bring legal charges against the father?
2. Do you support a constitutional amendment to make abortions illegal?
3. Do you believe busing should be used to achieve racial integration in schools?
4. Do you support affirmative action programs which assert that certain minority groups and women should be given preference in hiring over white males?
5. Do you believe the severely and profoundly retarded who will never be able to function even at a level where they can sit up should be kept alive indefinitely at taxpayers' expense?
6. Do you believe in capital punishment for certain crimes?
7. Do you think a teacher who is homosexual should be allowed to teach in elementary and junior high schools?
8. Do you believe that the elderly should be placed in nursing homes away from their communities?

A. HISTORY OF CHILD PROTECTIVE SERVICES

Parents are presumed to have primary responsibility for assuring children's basic rights to safety and normal development and for protecting children from violation of these rights. When parents are unable or unwilling to protect their children, society must intervene. Society has created many mechanisms for such intervention, such as Child Protective Services (CPS), law enforcement, public health services, financial assistance programs and educational services.

Elizabethan Poor Laws

England's seventeenth century Elizabethan Poor Laws made a significant mark on attitudes toward the treatment of children. These laws created a system under which the community was responsible for individuals and children. These laws also raised the public consciousness about the problems of poverty. However, the laws operated in a society where children were regarded as property of their parents, similar to the relationship between master and servant.

Early American colonists regarded women and children as an integral part of the economic structure. The shortage of male laborers and the Puritan attitude toward idleness resulted in new and more diversified roles for women and children. In addition to expecting their own children, or the children of their neighbors, to be employed and taught a trade, the colonists imported poor and orphan children from England and Holland to America to be bound out as laborers.

Colonial families turned to three other sources of labor: Indian people, the Black people and the indentured servant. The slavery of Indian men, women and children continued for a long time . . . as late as 1708. (Boorstin, Daniel).

Institutions for children had their beginnings in the Colonial period. Communities overwhelmed by the large numbers of orphans seemed unable to indenture or apprentice children to families. This began a movement toward institutionalization of children rather than using foster families or extended families to provide care for the children.

Parens Patriae Concept

The doctrine of parens patriae was the second major focus of authority governing family life. This doctrine provided authorities with the power to intervene in parent-child relationships when they felt parents were not fulfilling their parental responsibilities.

The outcomes of this law far surpassed the original intent. In England, poor children were removed from their homes. When destitute parents received assistance, they were forced to forfeit their children.

Child Welfare Movements in the United States

Three child welfare movements emerged in the nineteenth century in the United States. The "House of Refuge" movement in major cities enabled the states to place abandoned or neglected children in situations in order to "save them" from being delinquents or criminals. The second movement came in 1874 with the case of "Mary Ellen", a girl who was cruelly abused by her stepmother who beat her with a leather thong and did not provide adequate clothing for her. A neighbor appealed the matter to Henry Bergh, founder of the American Society for the Prevention of Cruelty to Animals. As a result, Mary Ellen was protected and the Society for the Prevention of Cruelty to Children was founded

in New York. The third movement was the establishment of the first juvenile court in Illinois in 1899. Its purpose was to provide protection and rehabilitation of child or youth offenders rather than impose indictment and punishment. This was a major move from treating children as adult criminals. By 1920, all but three states had juvenile courts.

Creation of the U.S. Children's Bureau

The first White House Conference on Children was held in 1909. The focus was the family, emphasizing rehabilitative rather than protective, rescue efforts. The conference created the U.S. Children's Bureau in 1912 to "investigate and report on all matters pertaining to the welfare of children and child life among all classes of our people."

Fair Labor Standards Act

The passage of the Social Security Act in 1935 provided a major impetus for child welfare services. The Act specifically required each state to make welfare services available to all children and required child welfare agencies to provide for the protection and care of homeless, dependent, neglected and potentially delinquent children. Amendments to the Act also have broadened the scope of welfare services.

Legislation was enacted to protect against the exploitation and abuse of children caused by labor situations. The Fair Labor Standards Act of 1938 included protections for children as well as working adults.

Battered Child Syndrome

The medical discovery of child abuse is attributed to Caffey, pediatric radiologist, whose 1946 paper on long bone fractures in children noted that many were of "unspecific origins." In 1957, Caffey expressed his belief that such injuries were deliberately inflicted. In 1961, Professor C. Henry Kempe organized the first conference on "The Battered Child Syndrome," and in 1962 an article with this title appeared in the Journal of the American Medical Association. It was Kempe who linked the inquiries about the infants' conditions to caretakers. It took a decade for society to recognize and conclude that some parents were violently assaulting their children.

In 1963, the U.S. Children's Bureau developed the first reporting statute in an effort to create more uniformity in reporting among states.

Development of Child Protective Services

As the protective system evolved, it became clear that there were times when some parents were unable or unwilling to fulfill their protective role. In these situations, another service was needed, one which sought to protect children from abuse and neglect in the short run and to enable parents to fulfill that protective role in the long run.

Child Protective Services (CPS) was organized following the Child Abuse and Treatment Act (P.L. 93-247) of 1974. CPS agencies are mandated by law to ensure that children are protected from harm. Through these laws, CPS agencies provide short-term, intensive services designed to protect children and preserve families. The intervention focuses on providing maximum safety for children but also seeks to enable children to stay in their homes where appropriate.

If conditions are unsafe for the child and family support is not available, then

removal of the child is warranted. Casework services are directed toward permanency for the child, where possible, through family reunification.

B. MAJOR FEDERAL INDIAN POLICY ERAS

Indian tribes in the U.S. have a unique, distinct relationship with the federal government unlike other minority groups and non-Indians. This relationship has its roots in the early historical federal-tribal relations through various treaties and federal-Indian policies. This unique relationship is known as the trust relationship. The trust relationship is defined as:

> the responsibility of a designated party (the federal government) to protect the specific rights of a second party (the American Indian tribes). The collective promises made by the U.S. through Indian treaties, statutes and directives is referred to as the trust responsibility.

Through the trust responsibility, the U.S. Congress has passed laws to protect Indian tribal life and improve the quality of life. The history of federal Indian policy, instead, illustrates encroachment on Indian lands and forced assimilation of tribal life. The destruction and taking of tribal lands were often the basis for the development of federal Indian policy.

Seven major federal policy eras influencing tribal life include:

1. **The Treaty Period:** this period began with the establishment of relations between the European colonists and the native inhabitants by means of treaties. During this period, 370 treaties were made by the federal government with various tribes. The stated purpose of the treaty policy was to prevent the invasion of Indian lands and to ensure Indian rights and liberty. However, the American government learned that Indian people did not want to assimilate or adopt English ways and thus the Indians were seen as obstacles to overpower. The beginnings of land possession by the non-Indians was seen.
2. **Removal Period:** This period saw the forced removal of Indian people from eastern lands through the Indian Removal Act of 1830. Indian tribes were removed from the Eastern lands of the United States to new lands west of the Mississippi. The vacated lands in the east were made available to new immigrants and settlers. During this period, the Bureau of Indian Affairs (BIA) passed from military to civil control through placement in the Department of the Interior. Under the Department, Indian people became wards of the federal government and the major role of the BIA was to maintain the peace between the government and the various tribes.
3. **Reservation Period:** During this period the government established reservations for Indian tribes. Beginning in the early 19th century, President Andrew Jackson's policy of relocating Indians to the west was implemented and continued. The policy was to put Indian people on small tracts of land so that remaining lands would be opened up to non-Indian settlers. The tribal traditional communities were no longer recognized by the federal government and an attempt to control tribes came in the form of Indian agents, individuals appointed and assigned by the government to monitor various tribes. The agents forbade tribal ceremonies and encouraged Christianity instead.
4. **Land Allotment Period:** This was initiated by the **Land Allotment Act of 1887** which was an attempt to assimilate Indian people by giving tribal members parcels of land ranging from 40-60 acres. The intent was to civilize the Indian; it was thought that by giving them the responsibility of farming, the Indian people would no longer be savages but civilized people. The result was 50 years of reducing tribal lands by over two-thirds from over 140 million acres in 1886 to under 55 million acres in 1934.

5. **Indian Reorganization Period:** This period began with the **Wheeler Howard Act** also referred to as the **Indian Reorganization Act of 1934**, which attempted to repair the damages from the Allotment period, reestablish tribal governments and Indian community life. The emphasis was aimed at cooperation between tribes and the federal government. During this time, programs were initiated to assimilate tribal communities further into mainstream American culture by helping relocate to larger metropolitan areas families in search of employment.
6. **Termination Period:** This period began in 1953 with the passage of the **House Concurrent Resolution 108.** This legislation was prompted by pressures from states and their citizens for the discharge of the federal government's legal, moral and other obligations to Indian people and for the discontinuance of federal supervision and control of trusteeship responsibility for Indian land. Resistance to the termination policy developed; Indian and non-Indian groups voiced strong opposition to its continuation. In 1968 President Johnson called for an end to the tribal termination policy and the House Concurrent Resolution II was passed to create self-determination without a termination period.
7. **Self-Determination Period:** This period began with President Johnson's call for an end to the termination policy. The goal of the self-determination policy was to strengthen the tribal sense of autonomy without threatening the sense of community. It brought about control and direction of tribal life by the tribes themselves.

C. FEDERAL LEGISLATIVE ACTIVITY

The Child Abuse Prevention and Treatment Act 1974 (P. L. 93-247)

This act brought significant improvements to CPS programs throughout the country. The act:

— expanded the spectrum of reportable behaviors to include many forms of maltreatment, including physical, sexual, exploitational and emotional neglect.

— expanded the group of professionals covered by mandatory reporting requirements.

The law established the National Center for Child Abuse and Neglect which is mandated to:

— serve as a clearinghouse for development and dissemination of materials on abuse and neglect;

— increase public awareness of child abuse/neglect; and

— fund demonstration projects which identify and prevent child abuse and neglect.

The Child Abuse, Prevention and Treatment and Adoption Reform Act (P.L. 95-226)

In 1978 the Child Abuse Act was expanded. P.L. 95-226 covered two additional issues . . . child pornography and adoption law reform. There was also increased funding for these initiatives.

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

This act focused attention on the numbers of children drifting into foster care. Too many children were being inappropriately placed in foster care, including children who were in temporary care even though they could not return home but who were not unified with their families, and children who were removed too quickly from their families.

The intent of the act is to preserve families and to provide for permanency and

stability for children. The law mandates:

— reasonable efforts on the part of states to prevent initial placement and;

— to provide efforts toward reunification of children with their families once the child is placed.

Indian Child Welfare Act 1978 (P.L. 95-208)

The Indian Child Welfare Act of 1978 provided the legal tool for the protection of Indian families and the strengthening of Indian tribes against the unwarranted removal of Indian children from their families. The act radically changed the legal relationships between the Indian tribes and states regarding child welfare matters. The act gives legal sanction to the child care patterns most common in traditional native cultures, establishing as a federal policy recourse to the Indian extended family for child rearing purposes.

The act establishes standards for the placement of Indian children in foster or adoptive homes in order to prevent the breakup of Indian families. It establishes minimum federal standards for the removal of Indian children from their families, and placement of such children in foster or adoptive homes that will reflect the unique values of Indian culture, and provision for assistance to tribes in the operation of child and family service programs. It transfers jurisdiction to Indian tribal court systems in matters involving Indian children and takes jurisdiction away from the states.

The act also establishes an avenue for changing Indian tribal-state relations. It authorizes compacts between the states and tribes over jurisdictional matters, over transfer of cases to each other, and in circumstances in which problems arise between the jurisdiction of the state and the jurisdiction of a tribe.

Child Protection Teams: Memorandum of Understanding between the Bureau of Indian Affairs and the Indian Health Services, 1985

On September 12, 1985 the Assistant Secretary of Interior Affairs and the Director of Indian Health Services entered into a "Memorandum of Agreement" mandating the establishment of Child Protection Teams and Child Abuse and Neglect Reporting and Referral Procedures. The purpose of the Memorandum is, through the involvement and coordination of various agencies, to prevent Indian children from being abused or neglected.

The Memorandum mandates that throughout Indian country in the U.S., Child Protection Teams (CPT) would be established in each regional catchment area of the Bureau of Indian Affairs. It also outlines tribal participation . . . tribal social services, tribal health services, law enforcement in the overall process of staffing cases of child abuse and neglect.

The CPT Memorandum has not been accepted wholeheartedly by many tribal groups, basically because it is perceived as a federal mandate and does not take into consideration that many tribal groups already have a CPS process within their tribal systems. There is also the question as to what the specific role of the CPT is within a tribal community. Concerns arise with regard to confidentiality, treatment for victims, perpetrators and proper training for child protective workers.

THEORY BASE

A. DEFINITION OF CHILD MALTREATMENT

Many definitions, such as this one developed by the National Center on Child Abuse and Neglect of the U.S. Department of Health and Human Services,

combine abuse and neglect into one statement:

"An abused or neglected child means a child whose physical health is harmed or threatened with harm by the acts or omissions of his parents or other person responsible for his welfare, or whose mental health is harmed or threatened with harm."

We can identify four major kinds of child maltreatment:

a. neglect: is defined as failure to provide the necessities of life for a child. The lack of medical care, adequate nourishment, appropriate clothing, supervision and adequate housing are all factors that constitute neglect.

b. sexual abuse: is defined as the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, to which they are unable to give informed consent, or that violate the social taboos of family roles. (The Battered Child, 3rd Edition, Kempe, C. Henry and Helfer, Ray E.).

It is also defined as any act designed to stimulate a child sexually or to use a child for sexual stimulation, either for the perpetrator or another person. (National Center for Child Abuse and Neglect).

Sexual abuse encompasses a range of behaviors from fondling and exhibitionism to sexual molestation, incest and exploitation for prostitution or the production of pornographic materials.

c. physical abuse: behaviorally, the term physical abuse implies that the child victim is physically injured by the actions, whether or not intentional of the caretaker.

It includes violent assault with an implement such as a knife or strap, burns, fractures, or other actions leading to possible injury to the child.

d. emotional abuse: The National Committee for Prevention defines emotional abuse as "a pattern of behavior that attacks a child's emotional development and sense of self-worth." Examples include constant criticizing, belittling, insulting, rejecting, and providing no love and support or guidance.

Defining child abuse and neglect cross-culturally

Among Indian cultures, as with other groups, there is a cultural reality as perceived by the members about family life, child-rearing, social conformity, and values. These aspects are passed on from generation to generation and provide for some degree of predictability of relationships within the group.

Defining abuse and neglect cross-culturally must be done within the context of relationships and values required by tribal structures. It is often assumed that abuse and neglect are somehow clearly definable conditions that can apply straight across the board to any situation and culture. When child maltreatment is defined as broadly as this, standards for child-rearing are established that make one group's values more acceptable than those of others.

B. MEDICAL ASPECTS OF CHILD ABUSE AND NEGLECT

Although some forms of abuse and neglect are more difficult to detect than others, there are always signs or indicators which, singly or together, suggest that a child may be in need of help. These indicators basically are of three types:

— physical indicators: the child's appearance (including the presence of physical injury)

— behavioral indicators: behavior the child exhibits as the result of maltreatment; and

— environmental/circumstantial indicators: social, cultural, or familial factors which are known to correlate with various kinds of abuse and neglect.

PHYSICAL INDICATORS OF NON-ACCIDENTAL INJURIES

What physical injuries are most likely to occur in child abuse? Bruises, welts, scars, fractured bones, and burns. Lacerations and abrasions also occur frequently. Bruises are by far the most common. However, any of these injuries can be the result of accidents as well as of abuse.

Skin Trauma

- bruises are injuries in which there is no breakage of the skin. The small blood vessels beneath the skin break and blood leaks into the tissue. The bruise changes color over time. Initially, bruises are blue to purple over a period of time and change to yellow. The exact age of a bruise is difficult to determine.
- burns are wounds resulting from the application of too much heat. Burns are classified by the degree of damage caused:
  1st degree: scorching or painful redness of the skin
  2nd degree: formation of blisters
  3rd degree: destruction of outer layers of the skin

Human hand marks usually include the following:

Typical sites of bruises:
- buttocks, lower back or thighs
- genitals and inner thighs
- cheek (slap marks)
- earlobes (pinch marks)
- upper lip and frenulum (forced feeding)
- neck (choke marks)
- welts are ridges or lumps on the body usually caused by a blow
- grab marks or fingertip bruises
- trunk encirclement marks (when a child is grabbed about the chest or abdomen)
- hand prints (outlines of the hand)
- pinch marks

Human bite marks may appear anywhere on the child's body

Strap marks often are caused by belts, tree branches, switches and electrical cords or ropes

Bizarre marks which resemble the instrument used in punishment (e.g., toys, shoe)

Burn Injuries Include:

- scalding burns: tap-water flow and immersion burns
- cigarette burns: on palms, soles and buttocks
- rope burns
- dry, contact burns: iron, heating instruments

INTERNAL/FACIAL INJURIES

These injuries are inflicted with blows to the face and head and midline areas.

Eye Injuries:
- acute hyphema (blood in the interior of the eye)
- dislocated lens
- detached retina
- retinal hemorrhage (caused by direct head trauma, shaking injuries, increased inter-cranial pressure, hypertension and bleeding disorders
- black eyes

Mouth Injuries:
- loosened or missing teeth
- mandible fractures
- gagging (may leave bruises at the corners of the mouth)
- upper lips and frenulum bruising, lacerations (caused by forced feedings)

Ear Injuries
- injuries to the lobe (pinching or twisting)
- "cauliflower ears" (may be result of repeated blows)
- rupture of the tympanic membrane

Head Injuries
- cephalhematomas or subgaleal hematomas (may be caused by hair pulling)
- subdural hematomas (may be accompanied by skull fractures caused by a direct blow; or without fracture; whiplash shaking syndrome).
- scalp bruises (can occur with or without skull fractures or brain injuries).

Abdominal Injuries
- abdominal injuries are usually caused by a punch or kick, (not accompanied by visible bruising).
- ruptured liver or spleen
- intestinal perforation
- ruptured blood vessel
- pancreatic injury
- kidney or bladder injury (usually result from blows to the back)

BONE FRACTURES AND SKELETAL INJURIES

Bone fractures and skeletal injuries are often sustained from forced twisting or pulling of an arm or leg or direct blows.

Skeletal Injuries
- skull fractures
- spiral fractures (may result from forcible twisting or pulling)
- metaphyseal or corner fractures of long bones (often result when arm or leg is pulled or jerked)
- epiphysial separation ("bucket handle" fractures caused by twisting or pulling).
- periosteal evaluation (the periosteum is detached from the boneshaft with resulting hemorrhaging between the periosteum and shaft).
- rib fractures (uncommon except in the newborn; in cases of abuse, rib fractures are often multiple and may be in various stages of healing).

PHYSICAL INDICATORS OF SEXUAL ABUSE

Suspected sexual abuse indicators include:
- lacerated hymen
- lacerated forchette
- injury to the perineum
- infected lesions
- vaginitis
- vulvitis
- tears or infected lesions of the mouth or anus
- presence of semen

- discharge
- pregnancy
- presence of venereal disease
- laceration, bruising or bleeding from external genitalia
- pain or itching in genital area
- "graphic" sex play
- excessive masturbation
- psychosomatic symptoms
- chronic abdominal pains
- school problems
- behavioral problems

PHYSICAL INDICATORS OF NEGLECT

Suspected child neglect indicators include:

- poor skin hygiene
  - severe untreated diaper rash with infection
  - severe insect infestation
  - severe bed sores
- lack of medical attention for injuries or infections
  - prolonged diarrhea, vomiting, or respiratory disease
  - skin lesions
- non-organic failure to thrive
- wasting of subcutaneous tissue
- dull, vacant appearance
- pallor suggesting anemia
- long-standing, untreated medical problems
  - chronically inadequate dental care
  - lack of required medication
  - repeated broken appointments
- chronic malnutrition
  - signification and prolonged deficiency of elements necessary for child's well being
- flat head on child
- bald spots on infant
- deprivational dwarfism
  - small stature
  - distended abdomen
  - below normal weight
  - retarded skeletal maturation
- severe cradle cap

CONDITIONS COMMONLY MISTAKEN FOR PHYSICAL ABUSE

There are some conditions of children that are often mistaken for physical abuse and neglect:

- Mongolian spots: These spots are, in fact, birth marks which occur in 95% of Black babies, 81% of Orientals and Indian babies, 70% of Hispanics and 10% of White babies. They are present at birth and usually fade after two or three years. They are generally on the buttocks and lower back, but can occur anywhere. They are bluish-gray in color, like bruises, and have clear-cut margins.
- Allergic black eyes: These result from congestion of the veins, from allergic rhinitis (inflammation of the mucous membrane of the nose). They

are generally more brownish in color than blue and the discoloration is mainly noted on the lower eyelid.

- Bilateral black eyes: This condition can occur from blood seeping down from a large bruise on the forehead or from a basilar skull fracture. There is minimal lid swelling and no lid tenderness and the black eyes do not appear until one or two days after the precipitating injury.
- CAO GIO (coin rubbing): This is a common treatment used by Vietnamese and other Southeast Asian people which can induce symmetrical, linear bruises and/or burns on the upper back and chest. When a child presents symptoms of fever, chill or headaches, the back and chest are covered with hot oil and then massaged with a coin or spoon.
- Bleeding disorders/hemophilia: These are medical conditions which are characterized by subtle bleeding tendencies. Children who have this condition demonstrate on-going bruising in a variety of environments. Hemophilia, a male sex-linked hereditary condition, is characterized by spontaneous or traumatic hemorrhaging.
- Impetigo: A streptococcal infection of the skin, frequently mistaken for a cigarette burn. It is generally characterized by groups of pin-sized postules that rupture early, forming, enlarging and spreading erosions with bright yellow crusts and elevated margins.

Developmental Consequences of Child Maltreatment

In addition to recognizing the multitude of factors which can influence the development of the abused child, it is important that a CPS worker recognize the possible developmental consequences of child maltreatment. It is important to note that the presence of any of the conditions listed below does not automatically infer that a child has been abused. Likewise, a child may have been the victim of maltreatment and appear to have suffered none of these consequences. However, the following characteristics were found by Martin, et. al., to be disproportionately frequent among the abused children they studied:

1. **Neurologic Dysfunction:** Anywhere from serious and significant neurological abnormalities (e.g., paresis, impaired cranial nerve function, etc.) to mild, "soft" neurologic findings which are not severe enough to demonstrate a "functional" handicap or warrant the diagnosis of brain damage.
2. **Intellectual Impairment:** Often accompanied by neurological dysfunction. Can be exacerbated by nutritional and/or maternal deprivation.
3. **Speech and language delays and distortions:** Martin, et. al., found that the younger child victim tends to demonstrate more striking delays and deficits in speech and language.
4. **Learning disabilities:** May be the result of neurologic damage of psychosocial impediments to learning (e.g., lack of nurturance, inadequate stimulation, child's anxiety level and/or fear of failure).
5. **Personality characteristics:** Martin, et. al., found the following personality traits to be both relatively common and prominent in the personalities of a population of abused children they studied:
   - impaired capacity to enjoy life
   - psychiatric symptoms: enuresis, tantrums, hyperactivity, bizarre behavior
   - low self-esteem
   - school learning problems
   - withdrawal
   - oppositional behavior

— compulsivity
— pseudo-mature behavior

Adapted from: Martin, Harold P., The Abused Child: A Multi-Disciplinary Approach to Developmental Issues and Treatment, Ballinger Publishing Co., Cambridge, Mass. 1976.

THE PSYCHO-SOCIAL ASPECTS OF CHILD MALTREATMENT

Psyco-Social Prerequisites of Child Maltreatment

There are four psycho-social prerequisites of child abuse. These factors are continually interacting with each other; they all are present to some degree in abusive families. It is important to look for each of these factors and the particular role that is played by each of them when investigating and intervening in situations of physical abuse.

1. A caretaker who is predisposed to abusive behavior: This individual frequently exhibits a "personality set" which has been established as a result of his/her own life experiences. Psychological characteristics frequently found in these individuals include:
   a. a childhood characterized by some degree of emotional deprivation. This may result in:
      — an inability to provide emotionally for themselves.
      — a severe lack of self-esteem.
      — a tendency to accept physical punishment often to a severe degree, as a normal aspect of parent-child interactions due to having been abused themselves as children.
      — an impaired ability to form meaningful relationships.
      — an inability to trust and a propensity to externalize blame.
   b. unrealistic, usually elevated, expectations of the child's abilities. This may result in:
      — a lack of empathy for and understanding of the child's own physical and emotional needs. Frequently the abusive parent will place his or her own needs above the child's and will expect the child to provide for these.
      — frustration and anger in the parent or caretaker when the child is unable to meet the unrealistically high expectations of performance.
      — a punitive and self-righteous attitude toward punishment with little or no remorse for their actions (i.e. physical abuse of the child).
   c. a general defect in character formation, regardless of the psychological diagnosis, which allows the parent/caretaker to freely express anger and aggression. This may be characterized by:
      — poor impulse control
      — low self-esteem
      — a fear and expectation of rejection
      — emotional immaturity
      — low frustration tolerance
2. A crisis that presents extraordinary stress: The actual crisis may appear to the observer to be major or minor. The important key is how it is perceived by the individuals involved at a given time. These may include, but are not limited to:
   a. poverty or financial insecurity: often presents a pattern of constant stress and frequent crisis.
   b. under-education and/or under-employment
   c. marital dysfunction
      — abusive parents are frequently locked into a non-communicative,

non-nurturing marriage or relationship.
— spousal abuse frequently extends to the child as well.

d. the number of children, especially if they are in close succession and come early on in the parents' life.
e. a lack of sophistication and knowledge about child management, child care and child development.
f. handicapping conditions in either the child or parent.
g. behaviorally disordered children.
h. loss of employment.
i. physical or mental illness.
j. arrest.
k. death of a family member.
l. substance abuse.

3. A lack of social supports or emotional lifelines. These are either not available to the family or the parent/caretaker is not receptive to them. Emotional lifelines offer families not only the needed support, but feedback and sanctioning which can markedly lower a parent's propensity to abuse a child. This factor is frequently present in:
   a. single parent families
   b. situations resulting in unemployment
   c. transiency
   d. families that have disintegrated (e.g. through arrest, divorce, relocation, illness or death).
4. A misperception of the child signifying family dysfunction: The child tends to be viewed as different or unsatisfactory. This may be characterized by:
   a. the parent/caretaker identifying the child as a source of needs gratification.
   b. the child being viewed as "bad," eliciting uncontrollable behavior on the part of the parent, or as different.
   c. scapegoating of a particular child within a family unit.
   d. overt rejection of the child.
   e. an inability to view the child as a distinct individual.

The Child Victim: High-Risk Factors

The child victim plays an integral role, whether it be active or passive, in the child abuse syndrome. The parent-child relationship is dynamic in nature and is influenced and shaped by a multitude of personal and environmental factors. While children do not inately elicit abuse, there are conditions which appear to make a particular child more or less susceptible to being abused. Although most of these conditions are totally outside the child's control, they may serve to trigger abusive behavior on the part of the parent or caretaker. Dr. Harold Martin, et. al., cite the following conditions as placing a child at higher risk for abuse:

1. Biologic attributes of the child which make him more difficult to care for and/or less capable of eliciting good parenting. Martin gives the example of an infant born with minimal dysfunctional delay in central nervous system function. These children are generally "difficult to parent" (i.e. eat poorly, do not mold well to parent's shoulder, may be quite irritable and fussy or apathetic and quiet, and give minimal reinforcement to the parent). In addition, these infants are not readily identifiable as "different" and, as such, do not engender special support systems or reduced parental expectations as do infants born with obvious and significant disabilities (e.g. diseases, mental retardation, birth defects).

2. Chance events affecting the mother-child relationships: These may include difficulties experienced by the mother during pregnancy and/or delivery which negatively influence the mother's attitude toward a particular child or resentment of the child by the mother due to chance events (e.g. emotional or physical desertion by spouse during pregnancy, life changes that the mother attributes to the pregnancy or the child directly, adverse perinatal experiences).
3. Disruptions in attachment: These may be the result of:
   - premature birth
   - low birth weight
   - congenital anomolies which cause a delay in the mothering process due to prolonged separation
   - illness in the newborn or the mother which lead to separations during the first year of life
   - other significant life events or stress on the mother which interrupt the attachment process
4. Failure of the child to meet parental expectations. This may result from the parent's unrealistic or bizarre expectations for the child which no child could meet, or from the child's chance failure to match a parent's expectation (e.g. sex of the child, physical attributes, etc).
5. Developmental level of the child. Some parents find it especially hard to cope with children at a particular developmental stage, whether it be infancy, toddlerhood, or adolescence. Thus, a child demonstrating totally age-appropriate behavior, may find himself especially susceptible to abuse simply by being at a certain developmental stage.
6. The child "invites" abuse. Some children, through learned behavior patterns, do act in ways which seem to invite abuse. Their provocative behavior, whether deliberate or unconscious, covert or blatantly overt, does appear to place them at greater risk of abuse.

PSYCHO-SOCIAL ASPECTS OF CHILD NEGLECT

Behavioral Indicators

Physically neglected children often display the following characteristics:

1. Searchers for strength, concern, consistency, affection, order and security.
2. May be appraising or defiant, withdrawn or belligerent, sullen or flippant.
3. Some detach themselves from feeling, some attach themselves to anyone, and seek indulgence of transient impulses. Others substitute dreams and live in fantasy.
4. Tend to be followers, not initiators. Easily discouraged, frequently hostile, often suggestible.
5. Unable to trust others or set goals.
6. Dirty, ill clothed.
7. High rate of truancy from school and failure in school academics.
8. Lack standards of behavior. Frequently engaged in petty theft, but seldom organize stealing.
9. Withdrawn behavior more frequently observed than aggressive behavior.
10. Lack of defined and consistent responsibilities at home.
11. Assumption of responsibilities that are beyond the child's abilities. Taking over the parent's role for limited amounts of time, then reacting with resentment and denial of all responsibility.

These are but indicators to alert the professional that something is, and may be, potentially out of balance. It is particularly important in dealing with Indian families that some of these indicators not be applied without an understanding of

the cultural and economic context. Just as the Indian child who is left to care for younger children is not necessarily a victim of neglect, so too, other "indicators" are not always as they seem. For example, inappropriate clothing, need for medical attention, or a seemingly unsafe home environment must be viewed from the standards of the tribal community. Poverty or differences in child-bearing practices, by themselves, do not constitute abuse or neglect.

Characteristics of the Neglectful Parent

The literature tends to cite the neglecting mother more commonly than the neglecting father. This seems to be a culture-bound and somewhat sex-role stereotypical response to the mothering role as it has been traditionally delineated. Polansky's taxonomy of the neglectful parent indicates categories of the neglectful mother as indicated below. This taxonomy presents generalized categories of human problems that may serve as the basis for the larger problems. These should be accepted as foundations and taken as observations, not whole and complete truths.

1. **The Apathetic-Futile Mother**
   a. Personality Characteristics
      — pervasive aura that nothing is really worth doing. Lacks sense of purpose.
      — emotional numbness similar to depression.
      — absence of intense personal relationships, a clinging to people.
      — anger expressed passive-aggressively.
      — low competence - stubborn negativism.
      — low self-confidence.
      — verbal inaccessibility to discuss feelings and talk out problems.
   b. Etiology
      — infant's needs not met; did not learn to trust mother.
      — deprived infants become frustrated and depressed.
      — safe but lonely, unable to love or hate.
      — futility is the feeling, apathy the behavior.
   c. Results in children
      — rarely deserts
      — children become withdrawn, lethargic
      — cling to teacher or any adult
      — no stimulation, children don't excel
2. **Impulse-Ridden Mother**
   a. Outstanding Features
      — restless
      — unable to tolerate stress
      — aggressive and defiant
      — craves excitement, movement, change
      — manipulation of people
      — often adequate in most aspects, not what she knows as what she does
   b. Etiology
      — less deprivation in early life
      — inconsistent controls by mother
      — immature conscience
3. **Mentally Retarded Mother**
   a. Identification/Borderline IQ 68-63
      — illiteracy (difficulty with magazines, recipes, etc.). like 10 yr. old.
      — time; calendars are confusing
      — thinking concrete and rigid

— travel difficult, frightening

Failure to Thrive

Failure to thrive is a diagnosis that is utilized for young children who exhibit severe malnutrition and failure to meet normally anticipated developmental landmarks. These children may be irritable, apathetic, or distorted in their response to the world around them.

1. **Causes of Failure to Thrive**
   a. inability to afford appropriate nutrition
   b. simple feeding errors; improper preparation of formula; lack of knowledge about normal feeding.
   c. material deprivation; inability to nurture due to poor self-esteem; chaotic home.
2. **Clues to Non-Organic Failure to Thrive Diagnosis**
   a. child has significant growth retardation
   b. unusual relationship to food
   c. abdominal distension (may be mistaken for overweight)
   d. unusual thirst
   e. pain agnosia (failure to perceive or report pain)
   f. regressive behaviors
   g. language delay or immature speech
   h. disturbed interpersonal relationships (no stranger anxiety)
   i. prefer to play with younger children
3. **Characteristics of Non-Organic Failure to Thrive Parents and Children**
   a. Failure to Thrive Parents
      — immature
      — socially isolated
      — difficulty "having fun"
      — distorted perception of child: role reversal, fearful of spoiling child
      — believe in value of punishment
      — tremendous lack of empathy
   b. Failure to Thrive Children
      — demonstrate interest for things at distance
      — prefer inanimate objects to people
      — pre-school Failure to Thrive Children
         — overly compliant, anxious to please
         — seek permission before doing things
         — diminished separation anxiety
         — "hollow smile"
         — rarely expresses anger/pain
         — poor sense of safety

PSYCHO-SOCIAL ASPECTS OF EMOTIONAL MALTREATMENT

Emotional maltreatment can take a variety of forms, as can physical maltreatment. The following typology is presented as a tool to utilize in assessing the degree and nature of emotional maltreatment which exists in a particular family.

A. Typology of Emotional Maltreatment

1. **Emotional Neglect**
   a. **Definition:** A disorder in the parent-child relationship which is characterized by a primary failure of the parent to endow the child with personal worth or value. The child is not perceived by the parent as belonging to or dependent on them.
   b. **Effects on the Child:** Physical and/or emotional starvation, retarded growth, decrease in psycho-motor activity, apathetic to environmental stimuli, poor body hygiene and joyless.

2. **Emotional Deprivation**
   a. **Definition:** A disorder in the parent-child relationship which is characterized by the parent's perception of the child as a non-human entity. The child is however, incorporated into the parents' own systems of needs.
   b. **Effects on the Child:** Child is deprived of the necessary life experiences for normal physical and emotional development. The child will display a distorted sense of self-identity.
3. **Exploitation**
   a. **Definition:** The child is used as an object by the parents to service their own needs (frequently pathological in nature). This is a common type of emotional maltreatment in cases of sexual abuse.
   b. **Effects on the Child:** The child frequently demonstrates precocious maturity, is often apologetic regarding parental inadequacies. These children often develop special skills which fill a gap in the parents' personality.
4. **Emotional Abuse**
   a. **Definition:** Emotional abuse involves harmful, and often sadistic, emotional assaults on the child. These can include shutting a child in a dark closet for hours; feeding a child like a pet apart from other family; tying a child to a bedpost for hours; and/or engaging in bizarre acts of torment or nonphysical torture.
   b. **Effects on the Child:** The child may exhibit many of the same behavioral effects as the child victim of physical abuse.

B. Indicators of Emotional Maltreatment

The child's behavioral response to emotional maltreatment from the parents can include many of the following:

— psycho-social dwarfism
— passive, sheltered, naive, "over esteem"
— academic failure, developmental delays
— stranger and separation anxiety
— hyperactivity
— feelings of inadequacy
— role reversal
— autistic, delusional, excessive fantasy
— poor peer relations
— gender confusion
— nightmares

PSYCHO-SOCIAL ASPECTS OF CHILD SEXUAL ABUSE

Usually the child that has been sexually abused does not clearly speak out and tell what is happening to him. If a child specifically makes statements that he/she is experiencing sexual abuse, it is believed by many professionals who work with sexually abused children that the child almost never lies about being sexually abused.

The indirect signals which a sexually abused child gives are often similar or identical to the signals given for other emotional traumas.

There are a number of indicators which alert to the possibility of sexual abuse. These include the following:

1. **Development of new fears:** especially of a particular person, but can be generalized to fear the dark, being alone, etc. The child will often have nightmares and night fears.
2. **Changes in behavior:** the child is seen to alienate himself; regresses to younger age behaviors; bedwetting; sleep disturbances; change in eating

patterns; be self-destructive

3. **School difficulties:** the child's performance declines; there is lack of concentration, withdrawal from activities.
4. **Sexualized behavior:** the child will mimic sexual activities, intercourse, compulsive masturbation, sex play with toys or friends, greater knowledge than expected at age.

Child Sexual Abuse Accommodation Syndrome

Roland C. Summit, M.D. developed the **Child Sexual Abuse Accommodation Syndrome** which includes five categories, two of which are preconditions to the occurrence of sexual abuse. The five categories of the syndrome are:

1. **Secrecy**
   Initiation, intimidation, stigmatization, isolation, helplessness and self-blame depend on a terrifying reality of child sexual abuse. It happens only when the child is alone with the offending adult, and it must never be shared with anyone else.
   Of all the inadequate, illogical, self-serving, or self-protective explanations provided by the adult, the only consistent and meaningful expression gained by the child is one of danger and fearful outcome based on secrecy. (Herman, J.L. 1981.)
   — "this is our secret; nobody will understand"
   — "don't tell your mother, she'll be upset"
   — "If you tell, I will kill you and your mother"
2. **Helplessness**
   The adult expectation of child self-protection and immediate disclosure ignores the basic subordination and helplessness of children within authoritarian relationships. (Summit, Roland 1983). Children are often told to avoid the attention of strangers, but they are required to be obedient and affectionate to adults who are entrusted with their care. The fact that the perpetrator is often a trusted and apparently loving adult only increases the adult's power and underscores the helplessness of the child.
3. **Entrapment and Accommodation**
   For the child in a dependent relationship, sexual molestation is not typically a one-time occurrence. If the child did not seek or did not receive immediate protective intervention, there is no further option to stop the abuse. The only option left for the child is to learn to accept the situation and survive. There is no way out as perceived by the child.
   The healthy, normal, emotionally resilient child will learn to accommodate to the reality of continuing sexual abuse. The child faced with continuing helpless victimization must learn to somehow achieve a sense of power and control.
4. **Delayed, Conflicted, and Unconvincing Disclosure**
   Most ongoing sexual abuse is never disclosed, at least not outside the immediate family. (Muldoon, L. 1979). Disclosure is an outgrowth either of overwhelming family conflict, incidental discovery by a third party, or sensitive outreach and community education by child protective agencies. (Summit, R. 1983).
5. **Retraction**
   Whatever a child says about sexual abuse, he is likely to reverse it. Beneath the anger of impulsive disclosure remains the ambivalence of guilt and the obligation to preserve the family. The child bears the responsibility of either preserving the family or destroying it.

PSYCHO-SOCIAL ASPECTS OF CHILD PHYSICAL ABUSE

Children who have been physically abused tend to display certain behavioral patterns. These patterns are established as a response to the often distorted parent-child relationship and dysfunctional family system in which the child finds himself, rather than a simple reaction to an abusive incident. Abused children often live in an unpredictable environment where behavioral expectations are frequently unclear and unpredictable. Consequently, the abused child may display inconsistent behaviors in an attempt to adapt to an uncertain environment.

Characteristic behavioral patterns of abused children can be viewed as falling into four general categories:

1. **Overly compliant, passive, undemanding behaviors.**
   These behavioral patterns are frequently seen in severely abused children and are often established in order that the child can maintain a "low profile" and avoid any possible confrontation with a parent/caretaker which could lead to abuse. Specific behaviors might include:
   - inhibited crying or verbal responses
   - withdrawal, little capacity for joy
   - poor self-concept
   - hyper vigilance
   - inordinate shyness
   - overt fears of parents
   - excessive self-control

2. **Extremely aggressive, demanding, and rageful behaviors.**
   These behavioral patterns are more indicative of mildly or inconsistently abused children whose behavior is met with inconsistent and unpredictable responses on the part of the parent/caretaker. Consequently, these children often become angry and/or frustrated. Specific behaviors may include:
   - hyperactivity, temper tantrums
   - aggressiveness or delinquent behaviors
   - manipulative behavior to get attention
   - short attention span

3. **Overly adaptive behavior.**
   These behaviors may be in the form of "role reversal" in the parent-child relationship on the one extreme or the child exhibiting extremely dependent behavior on the other extreme. These patterns are frequently found in children whose parents demonstrate unmet emotional and/or physical needs and inappropriately look to the child to fulfill these needs. Specific behaviors may include:
   - inappropriate or precocious maturity
   - excessive concern for the parent's needs
   - protective of parent (may deny abuse)
   - overly dependent behavior
   - poor peer relationships

4. **Lags in development.**
   Due to the energy required in protecting themselves through adaptive behaviors from abuse, many abused children will demonstrate developmental delays which cannot be explained by organic or congenital causes. These may include:
   - delays in toilet training
   - speech and language delays and distortions
   - learning disabilities

— delays in motor skill development
— other developmental lags

The child will also demonstrate behaviors with other adults as follows:

— the child will go indiscriminately for attention to other adults
— the child will withdraw from touch
— the child will respond negatively to praise
— the child will seek attention constantly

LEGAL ASPECTS OF CHILD ABUSE/NEGLECT

Rights of Parents

1. **Constitutional rights**

   In general it is recognized that parents have constitutionally protected rights in rearing their children as they see fit, subject to the child's general welfare.

2. **Right to counsel**

   Whether or not counsel is provided for parents in dependency, abuse, or neglect cases depends on where the case is being tried. Some states provide for counsel; some do not. Compounding the confusion is that, while several courts have held that a right to counsel in these proceedings is required as a matter of due process and equal protection, other courts have specifically denied that such a right exists. The U.S. Supreme Court has ruled that in a termination of parental rights case, a parent may, depending on the facts, have a due process right to counsel.

Rights of Children

The rights of children come from two sources. First are the rights in the U.S. Constitution that the courts have found applicable to children. Second are the rights granted to children by statute and common law. The exact nature and extent of these rights vary greatly from state to state, and commentators disagree over what is constitutionally required and what might be desirable.

The right to counsel and/or a guardian *ad litem* for children in dependency, abuse, or neglect cases is required by statute in nearly all states. Even when it is not mandated, a judge has the discretion to appoint a counsel or guardian *ad litem* on a case-by-case basis. When provided, it should be provided for both the adjudicative and dispositional stages of the hearing. This right is particularly important because effective use of other rights may depend on it.

The following additional rights are the same for parents and children.

Right to a hearing

A hearing is required before a child can be removed from a home, except in an emergency situation or when the child is held after an emergency removal. While this right might appear to be protective of both the child's and the parent's interests, some states allow for the removal upon consent of the parents alone. In other words, in these states, this right is waivable by the parents for themselves and on behalf of the child as well.

Right of family integrity

Before a natural family is broken up, attempts must be made to strengthen and rehabilitate the family. Statutes in some states express this in the form of a preference for care, guidance and control within the natural home of the child. The court can, of course, make the child's remaining in the home conditional upon cooperation with agency personnel, mandated counseling, and correctional therapy for the parents or the family as a unit.

Under the federal Adoption Assistance and Child Welfare Act (P.L. 96-272), state child welfare agencies must make reasonable efforts "to prevent or eliminate the need for removal of a child from his home..."

Right to an impartial hearing

Parties to a juvenile hearing are entitled to a hearing by an impartial judge.

Right to a jury trial

A right to a jury trial is provided by only a few states in dependency, abuse, or neglect cases. It is unlikely that the Supreme Court will find such a right constitutionally mandated in the near future.

Constitutional Rights

The Fourth Amendment. The Fourth Amendment requires a properly issued warrant before police can conduct searches of persons or property, or seize persons or property, in criminal cases.

The Fifth Amendment-Miranda warnings. The U.S. Constitution provides protection against self-incrimination through the Fifth Amendment. For child abuse and neglect cases, this protection applies only to criminal prosecutions and investigations that may lead to criminal prosecution.

Arizona Welfare Laws

CPS IN ARIZONA: STATUTORY MANDATES

The first child protective statute was enacted in Arizona in 1970. Although services to abused, neglected, and dependent children had been provided prior to this time under the auspices of the County Department of Public Welfare, the enactment of this original statute officially confirmed the state's responsibility to receive and investigate reports of child maltreatment and provide necessary services and the community's obligation to report suspicions of child maltreatment to Child Protective Services and/or law enforcement.

The Protective Services Statute (8-546) has experienced two major legal revisions since 1970. In 1976 the reporting statute was revised to include an expanded listing of mandatory reporters (in 1970, the physicians were the only persons statutorily required to report suspicions of child maltreatment). In 1981 the statute was revised in an attempt to more thoroughly delineate the responsibilities and limitations of authority of the CPS worker. Entailed in this were specific requirements for taking a child into temporary custody and the right of the parent/guardian to refuse to cooperate with a CPS investigation.

By Arizona Statute, protective services is defined as: ". . . a program of identifiable and specialized child welfare which seeks to prevent dependency, abuse and exploitation of children by reaching out with social services to stabilize family life, and to preserve the family unit by focusing on families where unresolved problems have produced visible signs of dependency or abuse and the home situation presents actual and potential hazards to the physical or emotional well-being of children. The program shall seek to strengthen parental capacity and ability to provide good child care . . ."

A protective service worker is statutorily defined as follows:

". . . a person who has been selected by and trained under the requirements prescribed by the State Department of Economic Security . . ."

Per ARS 8-546.01, the powers and duties of the Child Protective Services worker shall include:

1. Be prepared to receive reports of dependent, abused or abandoned children and be prepared to provide temporary foster care for such children on a twenty-four (24) hour basis.
2. Receive from any source oral or written information regarding a child who

may be in need of protective services.

3. After receipt and initial screening pursuant to regulations formulated by the department . . . immediately:
   a. Notify the appropriate municipal or county law enforcement agency.
   b. Make a prompt and thorough investigation of the nature, extent and cause of any condition which would tend to support or refute the allegation that the child should be adjudicated dependent and the name, age and condition of other children in the home.
4. Take a child into temporary custody as provided in 8.223, i.e. when temporary custody is *clearly* necessary to protect the child because the child is either:
   a. Suffering or will imminently suffer abuse, or
   b. Suffering serious physical or emotional damage which can only be diagnosed by a medical doctor or psychologist.
5. After investigation, evaluate conditions created by the parents, guardian or custodian which would support or refute the allegation that the child should be adjudicated dependent. It should then be determined whether any child is in need of protective services.
6. Offer to the family of any child found to be a child in need of protective services those services designed to correct unresolved problems which would indicate reasons to adjudicate the child dependent.
7. Render a written report of his investigation to:
   a. The central registry . . . within twenty-one days after receipt of the initial information.
   b. The appropriate court forty-eight hours prior to a dependency hearing . . . or within twenty-one days after a petition of dependency is filed, whichever is earlier.
8. Accept a child into voluntary placement pursuant to 8-546.05 (i.e. placement is clearly necessary to prevent the child from suffering or imminently suffering abuse and the child's parent, guardian, or custodian *and* the child, if age twelve or older and not developmentally disabled, provide written formed consent).

In addition to the above, ARS 8-546.02 specifically defines a CPS worker's limitation of authority and duty to inform as follows:

1. Upon initial contact with a parent, guardian, or custodian under investigation, a worker shall notify the family that:
   a. It is under investigation by the department
   b. That he (the worker) has no legal authority to compel the family to cooperate with the investigation or to receive protective services offered.
   c. That he (the worker) has the authority to petition the Juvenile Court for a determination that a child is dependent.
2. If the family declines to cooperate with the investigation or to accept or to participate in the offered services, or if the worker otherwise believes that the child should be adjudicated dependent, the worker may file with the Juvenile Court a petition requesting that the child in need of protective services be adjudicated dependent.
3. Refusal to cooperate in the investigation or to participate in the offered services does not constitute grounds for temporary custody of a child unless there is a clear necessity for temporary custody.

OVERVIEW OF CIVIL AND CRIMINAL PROCEDURES

Two major legal concerns are present in the handling of a child abuse or

neglect case. First is that of protecting the child, and legal proceedings toward this end usually take the form of intervention by the Juvenile Court-a civil procedure. Second is criminal prosecution of the child abuser where this is necessary.

Civil Procedure: Characteristics

The usual manner of dealing with child abuse or neglect is through the Juvenile Court process. Here, the focus is upon the welfare of the child in the total context of the family.

The Juvenile Court process is not as easy to characterize as is the criminal process. Procedures and the rights granted to the participants vary widely from state to state. Constitutional rights of parents, children, and alleged abusers have not been firmly settled by the U.S. Supreme Court. Thus states may interpret and extend differently various "constitutional rights."

There are the following differences between Juvenile Court civil proceedings and criminal proceedings. The Juvenile Court requires:

- Trial by a judge, not a jury.
- Finding based on a "preponderance of evidence," not "proof beyond a reasonable doubt."
- Informal procedures, not the strictly formal procedures of criminal court.
- Reasonable application of the rules of evidence, whereas in criminal court, the rules of evidence are strictly applied.

Juvenile Courts have a range of choices available to rehabilitate the child and the family, the most extreme remedy being permanent removal of the child from the home and termination of parental rights.

Criminal Procedure: Characteristics

Criminal prosecution may be instituted under criminal statutes that deal with such actions as assault, battery, contributing to delinquency, sexual abuse, or homicide. Some states have created the separate crime of child abuse of cruelty to children.

In any criminal prosecution for child abuse or neglect, the defendant is entitled to the full protections guaranteed by the Fourth, Fifth, and Sixth Amendments of the Constitution.

More recently the Supreme Court has held that criminal defendants have a limited due process right to inspect child welfare agency records. However, such inspection may be limited to records or parts of records first deemed relevant to the defense by a court. (Pennsylvania v. Ritchie, 480 U.S. ___ 94 L. Ed. 2d 40 (1987).

Criminal court procedures include the following rights, which are not constitutionally required in a child abuse and neglect proceeding:

- Right to jury trial.
- Right to a public and speedy trial.
- Right to conviction by proof "beyond a reasonable doubt."
- Right to counsel.

STANDARDS OF PROOF

It is important to remember that in different judicial proceedings there are varying requirements of proof (referred to as standards of proof or quantum of proof). In all legal proceedings, the "burden of proof" (i.e. proving that the allegations are true) is on the petitioner (Whoever files the petition is the petitioner). The standards of proof and the situations in CPS cases to which they pertain include:

1. **Beyond a reasonable doubt:** This is the highest standard of proof and

requires that the evidence presented point to *one* conclusion, leaving *no* reasonable doubt about that conclusion. This standard applies to:

a. All criminal proceedings;
b. All juvenile delinquency proceedings which could result in incarceration; and
c. Severance proceedings for Indian children covered under the Indian Child Welfare Act (ICWA).

2. **Clear and convincing evidence:** This intermediate standard of proof requires that the evidence be convincing and that *more* than the majority of the evidence points to one conclusion. This standard applies to:
   a. All severance proceedings except those where ICWA applies;
   b. Mental health commitment proceedings; and
   c. Dependency proceedings for Indian children covered under ICWA.
3. **Preponderance of the evidence:** This standard normally applies to civil proceedings and requires that the majority of the evidence points to one conclusion (i.e. it is "more likely than not" that the allegations are true). This standard applies to:
   a. Dependency proceedings except those where ICWA applies.

It should be noted that the "best interest of the child" is *not* a standard of proof. Rather, it can be used as a criterion for judicial disposition in a case *after* there has been a finding of dependency, delinquency, etc.

OVERVIEW OF JUVENILE COURT PROCESS

Types of Hearings

I. **Review of Temporary Custody:**

This hearing is initiated upon the written request by the parent, guardian, or custodian. This request must be made within seventy-two (72) hours excluding weekends and holidays after notification of temporary custody has been received. The court shall hold the hearing within five (5) days of the receipt of the written request.

A. **Issues:**
   1. Was removal of the child necessary?
   2. Is continued temporary custody of the child *clearly necessary* to prevent abuse pending the hearing on the dependency petition?

B. **Possible Findings:**
   1. Upon finding that temporary custody is not clearly necessary, the court shall return the child to the child's parent, guardian, or custodian pending the dependency hearing *OR*
   2. Upon finding that temporary custody is clearly necessary and conditions in the home necessitate continued custody of the child, the court may declare the child a temporary ward of the court pending the dependency hearing.

C. At the hearing the court shall notify parties of the date, time, and place of the hearing on the dependency petition and shall, if requested, appoint counsel for the parties for the hearing on the dependency petition.

Note: The formality of this hearing may differ from court to court. "Reliable hearsay evidence" may be allowed from the caseworker (e.g. a doctor's statement if the doctor will be available at a future time to testify).

II. **Extensions in Emergency Receiving Homes/Shelter**

A. In the absence of a Juvenile Court order, *no* child shall remain in a receiving foster home for a period of *more* than three weeks.
B. Juvenile Court orders extending receiving foster home placement

beyond three weeks shall be reviewed by the Juvenile Court *at least* once each week, beginning one week from the date of the order. At the time of such review, the Juvenile Court shall either reaffirm or withdraw the order.

III. **Dependency Hearing:**
The hearing on the dependency petition is usually set no later than twenty-one (21) days from the filing of the petition.

A. **Issues**
1. Did the facts occur as alleged in the petition?
2. Does the child, by a preponderance of the evidence, meet the statutory definition of a dependent child?

B. **Possible Findings:**
1. Petition dismissed
   a. Based on facts presented, child does not meet the statutory definition of a dependent child, *OR*
   b. The conditions precipitating the filing of the petition have changed or have been resolved to the point that the child is no longer dependent.
2. Hearing is continued
   a. Parents contest the allegations in the petition; and/or
   b. Parents did not receive proper notice of the hearing; and/or
   c. Parents request counsel; and/or
   d. Parties request continuation.
3. Child is adjudicated dependent
   a. Parents do not contest allegations in the petition; and/or
   b. Parents admit to the factualness of the petition; and
   c. Child meets the statutory definitions of a dependent child.

C. **Possible Dispositions:**
1. If petition is dismissed, court takes no further action.
2. If hearing is continued, child remains a temporary ward of the court. Temporary physical custody can be ordered to:
   a. The C.P.S. Agency
   b. Parents
   c. Other (e.g. relatives)
3. If child is adjudicated dependent, child becomes ward of the court, committed to the care, custody, and control of the C.P.S. Agency. Physical custody may be ordered to:
   a. C.P.S. Agency
   b. Parents, subject to agency supervision
   c. Relatives
   d. Other licensed facility (e.g. residential treatment center, public or private agency licensed to care for children, etc.)
   e. To a reputable citizen of good moral character.
4. If the court retains jurisdiction (e.g. hearing continued or child adjudicated dependent), additional orders may be entered (e.g. psychological or medical evaluation, etc.).
5. The court may also make an order directing the parent to contribute to a child's support such sum as the court determines.

IV. Report and Review Hearings:
By law, the court must review the dispositional order in cases where a child remains in foster care *at least* once a year.

A. **Issues to be considered:**
   1. The goals of the foster care placement and the appropriateness of the foster care plan.
   2. The services which have been offered to reunite the family.
   3. Where return home of the child is not likely, the efforts which have been or should be made to evaluate or plan for other modes of care.

B. **Possible Findings/Dispositions:** Same as in dependency hearings. It should be noted that Arizona law clearly states that: "in reviewing the foster care status of the child, the court shall, insofar as possible, seek *first*, to reunite the family; *second*, to arrange permanent placement for the child either through adoption or the long-term family foster care of the child; and *third*, to provide group foster care or other care as appropriate to the best interest of the child.

V. **Severance Hearing:**
These proceedings are entirely separate from dependency proceedings. As such, they involve the filing of a new petition and involve a higher standard of proof (clear and convincing in non-ICWA cases, beyond a reasonable doubt in ICWA cases).

THE DEPENDENCY PETITION

Juvenile Court intervention in CPS cases is initiated with the filing of a Dependency Petition (i.e. written complaint). The petition sets forth the allegations which, if true, form the basis for court intervention. The following information should be included in the petition.

1. Identifying information (e.g. child's and parents' full names, address, dates of birth).
2. Citation of Arizona jurisdiction statute.
3. Allegations of the neglectful and/or abusive behavior on the part of the parent.
4. Allegations regarding the harm to the child and the severity of that harm.
5. Allegations regarding a connection between the parental behavior and the child's condition.
6. Allegations regarding parental inability and/or unwillingness to adequately care for the child.
7. Allegations regarding parental refusal of services (if appropriate).
8. Conclusion that the child is in need of the court's protection.

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Description of Arizona Tribes*

Twenty independent sovereign tribal governments are located in Arizona. Among those are five broad cultural traditions. These groups are referred to as the Yuman, Piman, Pueblo, Shoshonean, and Apachean. In addition, the Yaqui Indians fled oppression in northern Mexico by settling in Arizona. Arizona tribal traditions encompass a wide range of linguistic, subsistence, social and cultural diversity. Tribal groups maintain their identities and, to varying degrees, their cultural traditions and languages.

Consistent with the federal Indian removal policies of the post Civil War era, the federal government began relocating tribal groups to reservations in the mid 1800's. Through Acts of Congress, treaties and Executive Orders continuing into the 1970's, 20 Indian reservations were created in Arizona.

Reservation and Tribal Populations

The reservations account for 26.6% of the total land base in Arizona and are located in all areas of the state. Tribal lands vary in size from the more than nine million acres of the Navajo Nation (excluding Navajo lands in New Mexico and Utah) to the 85 acre Tonto-Apache Community. Altogether, the 20 reservations account for 19,139,190 acres.

The populations of the reservations differ considerably, from less than 100 residents of the Yavapai-Prescott Community to 92,574 Indian people residing on the Navajo reservation of the Arizona portion.

Half of the reservations have Indian populations of less than 1,000 persons, and 46% of the reservation Indian population is under 18 years of age. Considering the high numbers of youth in the tribal population, child abuse and neglect becomes a very high concern and priority. The total Indian population residing on Arizona reservations is approximately 200,000. This represents the largest reservation Indian population in the United States and accounts for approximately 21% of the reservation Indian population nationwide.

Socioeconomic conditions vary from reservation to reservation, as tribes experience differing states of economic development. In general, the major reservation employers are tribal and federal governments.

According to the Bureau of Indian Affairs (BIA) labor force statistics, the unemployment rate for Indians residing on reservations in the Phoenix BIA area was 49% in January, 1987. Unemployment figures ranged from 20% on the Tohono O'Odham reservation to 70% on the Hualapai reservation. Of those persons in the labor force, 76% were earning less than $7,000.00 per year. Population and employment statistics suggest that there would be a high demand for supportive human service activity on Arizona reservations.

Tribal Governments

Legally and historically Indian tribes are considered by the United States government to be separate sovereign nations. This government to government relationship with each tribe has been documented in the United States Constitution and through numerous treaties and court decisions. Each reservation in Arizona is governed by an elected tribal council with a chairman, president, or governor who serves as presiding officer. The powers and duties of the tribal councils are prescribed by tribal constitutions, laws and ordinances.

Tribal governments exercise jurisdiction, as any government would, within the boundaries of their reservations. Jurisdiction includes the powers to create and enforce laws and regulations, to regulate commerce, to tax, and to control the

conduct of tribal members through criminal and civil codes enforced by tribal courts.

The State of Arizona has no jurisdiction over activities occurring on Indian lands. According to the Arizona Constitution, the State is prevented forever from exercising jurisdiction on reservations as long as the tribes have title to their lands.

Tribal governments are responsible to provide for the social and economic well-being of tribal members, as well as to maintain the tribal land base and be self-governing. One of the most challenging problems tribal governments confront in providing public services to tribal members is securing funds from the federal system for financing public services.

The Emergence of Tribally-Operated Services

Prior to the mid 1960's, most public services for tribal members were planned and operated by the BIA and Indian Health Services (IHS). Other basic public services such as Aid to Families of Dependent Children (AFDC) were planned by the State of Arizona.

In the late 1960's through programs sponsored by the Office of Economic Opportunity, many tribes began to organize their governmental administrative departments. The enactment of the Indian Self-Determination Act of 1975, P.L. 93-638, further encouraged the development of tribal administered services. P.L. 93-638 gives the Bureau of Indian Affairs and Indian Health Services the authority to contract BIA and IHS funds to the tribal governments to provide their own services. Some of those services include: social services, law enforcement, education, health and tribal courts.

Since the passage of P.L. 93-638 in 1975, tribal government functions have expanded rapidly. Tribal governments now perform many of the same functions as do counties, cities and states; they are best described as general purpose governments.

**Taken from: Sharp, Polly *"Presentation at NASW Conference, Child Welfare Worker Competencies,"* 1988

FACTORS CONTRIBUTING TO CHILD MALTREATMENT

Causes and Characteristics: What do we know about maltreated children and their families?

There are no simple answers to the question "What causes child abuse and neglect?" Knowledge acquired over the past 20 years has suggested that a broad range of psychological, environmental, and social factors influence the behavior of parents and children; affect their interaction within the family setting; and shape their relationship to their environment. Each family is different; each family story is unique.

The causes of child abuse and neglect are many and often very complex. We do know that abusive parents were often abused children and the cycle of violence is perpetuated. We know that both abusive and neglectful parents often suffer from low self-esteem or sense of personal worth. There are many other factors within the Indian community and environment that may be serious contributors to the abusive pattern. Some of these factors include:

- drug and alcohol abuse
- poverty
- situation stress with ineffective social supports
- generation of unparented parents
- family dysfunction
- economics

— lack of support systems
— social isolation

We do not always understand how these elements may interact to produce an abusive or neglectful parent. Even trying to identify the potential abuser in order to provide preventive care to the family system is often difficult.

Tribal Community Involvement

Child abuse is a community problem and, therefore, a community responsibility. Suggested steps which a community can take to stop and intervene in the abusive cycle include:

1. The community must make a public decision and statement that children have rights, that abuse and sexual abuse of children is not acceptable, and that it will not be tolerated.
2. The community must publicly admit that child sexual abuse does exist and can happen to its children. Statements by respected community members (elders, council members, religious leaders) providing personal testimony of abuse can be extremely effective in forcing a community to recognize that, yes, it does happen here.
3. An effort to educate adult and child community members about sexual abuse must be undertaken.
4. Workable reporting mechanisms must be established. The community must demand that reliable reporting mechanisms be established whereby child sexual abuse will be adequately and fully reported to the appropriate child protection and/or law enforcement agency. The community should monitor this system to assure its proper functioning.
5. Effective systems must be available for protecting and treating child abuse victims. Multiple resources, pooled from different agencies, are almost always required. Coordination is essential. The community has the right to know what coordinating policies and procedures will be used.
6. The community must assume the monitoring role to force accountability. The community, or its monitoring representative, must be aware of what actions professionals should properly take in investigating, prosecuting and treating child abuse cases and must insist that these actions be taken.
7. The community must demand proper prosecution and handling of offenders by the appropriate jurisdictions. The development of an intergovernmental agreement outlining prosecution responsibilities and cooperation should be considered.
8. The community can provide public support to child victims through acknowledging the child's experience and reinforcing the message that the child is not to blame. Responsibility for the abuse should always be placed on the offender.
9. Indian communities may want to revitalize old traditions in dealing with sexual abuse. Banishment and various healing ceremonies can serve to protect the community's children and make them stronger while giving the offender the message that what he/she did will not be tolerated.

**Taken from: *Child Sexual Abuse in Native American Communities*, August 1985.

FAMILY PRACTICE

I. Case Management

Case Management in child welfare is a client-centered, goal-oriented strategy for case assessment and service delivery.

— To assess and negotiate appropriate services for the client,
— To improve access to services, and
— To promote uniformity of services.

The worker enables the various service deliverers to work together as necessary and facilitates communication among them.

Characteristics of case management coordination include:

- Standardized intake;
- Needs assessment;
- Time-limited, comprehensive service plan;
- Continual monitoring of progress;
- Case advocacy.

II. **Interviewing**

The interview is the primary tool of the worker. Each worker develops his or her own interviewing style and refines this skill by doing it.

Some guides to interviewing include:

- Preparing for an interview;
- The stages of the interview;
- Skills used by the worker.

The interview should have a specific purpose or goal. The purpose, generally, is to obtain information needed for carrying out some task or function or to work to meet a client's need or solve a client's problem. In addition to purpose, other variables affect the nature of the interview. These include:

1. How the interview is initiated. Is it voluntary on the part of the client? Is it a formal, planned interview or a walk-in request of the client?
2. Where the interview takes place. Does it take place in a home, office, hospital, etc?
3. The experience of the worker and client with each other. Have this worker and client had previous contact with each other? Has their previous contact been positive or negative?

Each interview will be different. The worker must be flexible in structuring and guiding the interview depending on its purpose and the needs of the client. It must be carried out in a manner that encourages interaction and relationship.

Preparing for an Interview

In preparing for any interview the worker has three tasks: 1) planning the environment for the interview, 2) planning the content of the interview, and 3) tuning in. Each of these tasks is carried out before the contact with the client.

The worker thinks about the physical conditions of the interview. If the interview takes place in an office, the worker arranges the office so as to encourage the work together.

In planning for the content of the interview, the worker will recall the goal and the purpose of the service and will identify the goal for this particular interview. The tasks to be accomplished will be considered. The worker might review notes about the previous interview if there has been one. The structure of the interview and questions to be asked will be considered. This planning is done to give form and focus to the interview, but the worker is prepared to be flexible and make changes if the client has unanticipated needs.

In tuning in, the worker first tries to anticipate the client's needs and feelings in the interview and to think about his or her own response to those feelings and needs. The worker tries to become aware of his or her own feelings and attitudes that might interfere with effective communication.

Preparation for the interview is one way to promote worker readiness, which communicates to the client that he or she is important and that the work to be done together is important.

The Stages of an Interview

All interviews have three stages: 1) the opening or beginning stage, 2) the middle or working-together stage, and 3) the ending state. Each stage has a different focus and different tasks. Some time is spent during each interview in each stage, but the amount of time spent in each stage may differ depending on the work at hand and the relationship of the worker and client.

The beginning stage starts when the worker greets the client by name and does whatever seems in order to make the client comfortable.

During the beginning stage, the worker will define the purpose of the interview or recall plans made in a previous session.

When the worker senses that the client is ready to proceed to the work to be done, the worker changes the focus of the interview. The middle phase has then begun. The content of this phase depends on the task at hand.

In bringing the interview to an end, the worker summarizes what has happened during the interview and how it fits into the service being offered. The worker and the client together plan the next interview and the purpose, goal, time, and place of the next interview.

Skills Utilized

1. **Observation Skills**

Clients give information and express feeling in nonverbal, behavioral ways. They also provide information and express feeling in the way in which other information is given and discussed.

Workers should observe:

a. Body language.
b. The content of opening and closing sentences.
c. Shifts in conversation.
d. Association of ideas.
e. Recurrent references.
f. Inconsistencies or gaps.
g. Points of stress or conflict.

2. **Listening Skills**

Of vital importance in any interview situation is listening to what the client has to say and how the client responds to questions and responses. Good questioning enables clients to provide necessary information, to consider alternatives, to work on the problem at hand. **Active listening**, being with the client in his or her struggle to deal with difficulties and problems, is the appropriate response at many points in the interview.

In listening it is important to try to understand what the client is attempting to communicate.

3. **Questioning Skills**

The essence of this group of skills is knowing the various types of questions to ask and the usefulness of each type of question. A first category of questions includes open-and closed-ended questions. A closed-ended question calls for a specific answer. An open-ended question is one that enables the client to define, discuss, or answer the question in any way he/she chooses.

There are leading and responding questions. A leading question is used when it is desirable for a client to continue to explore the subject at hand.

With most clients, it is better to ask questions so that they contain single, rather than several, ideas. A question with a number of ideas might be used when the worker is attempting to help the client recognize connections between the ideas.

4. **Focusing, Guiding, and Interpreting Skills**

This group of skills comprises those used by the worker to enable the action system to accomplish the tasks necessary to reach the agreed upon objectives. It includes the capacity to paraphrase and summarize what has been said, to reflect feelings and ideas, to confront, and to elaborate. The effective use of these skills includes a sense of timing as to when to focus, when to interpret, and when to direct.

Confrontation and silence often are difficult for the worker. Confrontation is the bringing out into the open of feelings, issues, and disagreements. It involves looking at these elements and attempting to find ways to deal with them. Silence may indicate resistance, frustration, or anger, but it also can provide a time for worker and client to be reflective.

It is the worker's responsibility to direct the interview but not to control it. The worker takes whatever material and expression of feeling is given by the client and, by focusing, guiding, and directing, enables the process of working together to proceed toward the desired outcome.

5. **Climate-Setting Skills**

Three attributes have been identified as characteristics of interpersonal situations that seem to produce understanding, openness, and honesty, which are enabling factors in the work of the action system. **These three characteristics are empathy, genuineness, and nonpossessive warmth.**

Empathy is the capacity to communicate to the client that the worker accepts and cares for the client.

Genuineness is the capacity of the worker to communicate to the client that the worker is trustworthy.

Nonpossessive warmth is the capacity to communicate to the client both a concern and a desire for an intimacy that allows the client to make decisions.

ASSESSMENT SKILLS

The first step in the social work process is **assessment.** The assessment phase of the social work process includes the development of understanding about individuals, families, small groups, agencies and communities.

Max Siporin defines assessment as "a process and a product of understanding on which action is based." (Siporin, M. 1975)

Content of the Assessment Phase

Assessment is a complex process at the core of the service process. The tasks of assessment are:

- identification of the need or problem
- identification of the information needed to further understand the need or problem

Some of its most important characteristics are:

(1) It is ongoing. Assessment takes place throughout the life of the helping endeavor. The ongoing assessment process leads to an unfolding of greater understanding about persons and situations as the social work process, the working together of worker and client, progresses.

(2) Assessment is twofold, focusing both on understanding the client in the situation and on providing a base for planning and action. Information should be collected about the need, the blocks to need fulfillment, the problem and the people and systems which are significant to the need and problem.

(3) Assessment is a mutual process involving both client and worker. The client is involved in all aspects of assessment to the maximum of his or her capacity

The primary content to be assessed arises from the worker-client interaction in the interview or in group discussions.

(4) There is movement within the assessment process. This movement usually is from observation of parts of the service situation, to identification of information needed for understanding, to collection of facts about parts of the service situation, to explanation of the meaning of the facts collected, to putting together facts and their meanings about behavior parts in order to understand the total situation. The worker and client then identify the information they need to understand the situation. To understand the situation it is necessary to look at interactions and relationships among the parts.

(5) Both horizontal and vertical exploration are important. In early stages of assessment it is usually helpful to look at the situation "horizontally." The situation is examined in breadth to identify all possible parts, interaction, and relationships. The information-gathering process can move from horizontal to vertical and back to horizontal several times as the worker and client explore the need, problem, and the situation.

(6) The knowledge base is used in developing understanding. The worker uses his or her knowledge base as one means for developing understanding of the client in the situation. The understanding of an individual takes into consideration factors of human development and human diversity. The understanding of a family is related to what is known about family structure and family process.

(7) Assessment identifies needs in life situations, defines problems, and explains their meaning and patterns. Assessment makes use of the problem-solving process in specifying the need and what is blocking need fulfillment.

(8) Assessment is individualized. Human situations are complex; no two are exactly the same. Each assessment is different and is related to the differential situation of the client.

(9) Judgment is important in assessment because many decisions must be made regarding each assessment. Decisions include what parts to consider, which parts of the knowledge base to apply, how to involve the client, and how to define the problem.

Choices need to be made with the client's needs and preferences as a primary consideration. The identification of these needs and preferences is an important aspect of all assessment. Principles that can be used in making judgements in assessments include:

1. **Individualization**. Each person in a situation is different. In order to assess that person in the situation effectively, the unique aspects need to be identified and understood.
2. **Participation**. Client participation in the assessment processes is an important means of developing an assessment that recognizes the client's needs and preferences.
3. **Human development**. The assessment recognizes the developmental process of an individual and a social system as a means to further the understanding of that person or system.
4. **Human diversity**. Recognition of the diverse aspects of individuals and cultural groups is another important component of assessment.
5. **Purposeful behavior**. Recognition that all behavior is purposeful leads to a search for understanding of the purposes of behavior in the assessment process.
6. **Systemic transactions**. The assessment process identifies stressful life transactions, maladaptive interpersonal processes, and environmental

unresponsiveness in seeking understanding of persons in situations.

Through the application of principles of individualization, participation, human development, human diversity, purposeful behavior, and systemic transaction, the worker identifies with the client, the client's needs, and the client's preferences about what needs to be done.

THE USE OF THE PROBLEM-SOLVING PROCESS IN ASSESSMENT

There are two ways the worker uses the problem-solving process in the assessment activities of the helping process. **First**, the worker uses the early steps of the problem-solving process with the client as together they work at the task of assessing the client's situation. The steps of the process used in the assessment phase are:

1. **preliminary statement of the problem**
2. **statement of preliminary assumptions about the nature of the problem**
3. **selection and collection of information**
4. **analysis of information available**

The worker must decide how the client is to be involved in the problem solving. This decision depends in part upon how much energy and desire the client has at any point in time for working on the problem. It hinges on the client's capacity, both cognitive and emotional, to probe, solve.

A **second** use of the problem-solving process by the worker is as a means of developing an assessment that is then checked out with the client.

One of the more difficult tasks in problem solving is the specification of the problem. The preliminary statement is often the problem that the client brings to the helping situation.

"The problem to be worked on" is formulated after understanding of the client in the situation is developed and after the available information has been analyzed.

Problem formulation is the base for planning and assessment. Planning and action can be enhanced by thorough and appropriate problem formulation. **Three steps to problem formulation are:**

1. **identification of need**
2. **identification of blocks to need fulfillment**
3. **formulation of the problem in terms of removing the blocks to need fulfillment**

Identification of Need

The first source of material for the identification of need is how the client tells his or her story. The worker not only listens to the verbal content but also looks for nonverbal communication.

The skillful worker often begins to have hunches about what is wrong. Hunches are very useful, but they should be checked out before they are given the power of facts. Usually they are checked out with the client or the system concerned.

As the worker begins to identify the client's need using the material provided by the client, hunches or ideas that derive from the knowledge base being used and information that may be available to the worker from other sources, other systems that are significant to this situation are identified.

Identification of Blocks to Need Fulfillment

Once the need is identified, it is then possible to consider why that need is not being fulfilled. Additional information about the client and the situation may be needed.

From a social-functioning point of view, the location of the blockage is sought

in the relationships among the significant systems.

Carel Germain has identified three situations that seem most likely to lead to problems in social functioning:

1) stressful life transitions
2) communication and relationship difficulties and
3) environmental unresponsiveness

Assessment of the client in the situation to see if one of these situations exists is one means of determining the nature of the blockage of need fulfillment.

Stressful life transitions can be the result of problems in carrying out the tasks of the developmental stages of individuals and other social systems. The assessment must be concerned with identifying the developmental stage and identifying the tasks that have not been carried out or in which there is difficulty in carrying them out.

Another potentially stressful life transition is status change. This includes such events as the death of a spouse and becoming a widow, loss of a job and becoming unemployed, graduation or dropping out of school and becoming part of the work force. New statuses make new role demands on people. Often there has been no preparation for these new demands; or the new demands may place additional expectation on people.

Closely related to stressful situations are crisis situations. When change is so great that persons and systems cannot cope and maintain their "steady state," a crisis can result.

Other social-functioning problems develop because a person or social system are not effectively **communicating** with, and **relating** to, other persons and social systems. Some persons from diverse cultures have considerable difficulty in relating to the institutions of society.

Environmental unresponsiveness can take two forms: lack of provision of a needed service or failure to provide the needed services in a manner in which it can be used by certain clients.

Formulation of the Problem

Once the blockage to the need is identified, it is possible to formulate the problem. The problem formulation considers the need that is not being fulfilled, the block or blocks to the fulfillment of that need, and factors contributing to the block.

Next in the formulation of the problem is a statement about what seems to be blocking the need fulfillment. This needs to be clearly stated and must recognize the transactional aspects of the blockage.

The source of a blockage may be in attitudes and values, in knowledge and understanding, in behavior, in coping skills, in role overload, in environmental expectations, or in lack of usable resources. Usually the source is not just one but a combination of circumstances, and it is the combination that causes the stress and blocks need fulfillment. The problem formulation should recognize this complexity as it states need and specifies blockage to need fulfillment. The problem-solving process is particularly useful in formulating the problem.

TRANSACTIONAL ASSESSMENT

The transactional nature of human interaction is very complex, and this causes difficulty in assessment. Transactional assessment depends to a great extent on the worker's creativity and ability to look at a complex situation and bring order and meaning to that complexity. Transactional assessment is particularly useful when considering possible plans of action and the effect those plans might have on the various systems involved in the situation of concern. A tool that can be useful in transactional assessment is:

The Dual Perspective

Dolores Norton has developed the concept of dual perspective to depict the plight of many minority persons. It is "a conscious and systematic process of perceiving, understanding and comparing simultaneously the values, attitudes and behavior of the larger social system with those of the client's immediate family and community system." This conceptualization holds that all persons are a part of two systems: 1) the societal system that functions within the norms and values of the dominant groups within society and 2) the smaller system that functions in a person's immediate environment. This latter system can be the cultural system. When the two systems are not congruent in terms of norms, values, expectations and ways of functioning, problems develop for individuals, families and cultural groups.

In making an assessment using the dual perspective, the worker looks for points of difference, especially for conflicting expectations between the two systems. The degree of difference and the number of characteristics that are different are important in judging the incongruity between the systems. Also important is how the systems perceive the difference and how the difference affects their functioning. This kind of an assessment calls not just for a general intellectual understanding of a specific cultural group, but for an understanding of a specific, immediate environmental system of any person or group of persons. Dual perspective is a particularly useful tool in assessing the transactions of any specific cultural group with the larger, dominant society.

CASE PLANNING

Components of a Plan

Because a plan of action relates to a complex human situation dealt with over time, identification of the components of a plan helps to manage the complexity of the plan. One formulation of a plan specifies goals and objectives that include the roles of worker and client and the tasks to be performed.

Goal and Objectives

The goal is the overall, long-range expected outcome of the endeavor. Because of the complexity of the overall plan, this goal is usually reached only after intermediate goals or objectives have been attained. These objectives may relate to several different persons or social systems involved in the situation. Goals and objectives develop out of assessment related to the need or needs of the various systems involved and the identifications of the blockage or blockages to need fulfillment. They are generally related to the removal of a blockage and to developing new means of need fulfillment, or to means for coping to fulfill needs.

It is advisable to specify a rather general goal that is a statement of the desired end state; then more specific short-term objectives may be developed. These short-term objectives can be placed in a time order to facilitate a plan; that is, the first objective must be reached before working on the second and third objectives. This approach allows for evaluation of progress toward the general goal and for adjusting the plan in progress because of change in the situation or previously unrecognized influences and consequences. This approach also provides a means of being accountable to clients and the general public.

Clients should be involved in the setting of goals because the goals are a part of the contract entered into by worker and client. Clients often can be most helpful in evaluating the feasibility of a goal. The setting of the goals can often motivate a client for the work needed to reach that goal. As clients see small goals

reached, they can gain hope for reaching the overall goals.

As with all decisions in the social work process, decisions regarding goals are influenced by value judgements. The choice of goals or end states is based on what is desirable. What is desirable is a value judgement. Social work values also influence the "means to the end," or the process and the objectives involved in the process. Workers should respect lifestyle and cultural factors in the development of goals and objectives.

The worker should constantly evaluate whether or not the chosen goals are appropriate. There must be flexibility to adjust the goals to changing situations as the plan is implemented.

Different situations call for different kinds of change and different kinds of goals. Kinds of change that should be considered are:

1. **A sustaining relationship**, used when it appears that there is no chance to change the person in the situation and when the person lacks a significant other who can give needed support.
2. **Specific behavioral change**, used when a client is troubled by a specific symptom or behavior pattern and is generally satisfied with his or her situation.
3. **Relationship change**, used when the problem is a troublesome relationship or there is recognition that another person is a part of the problem.
4. **Environmental change**, used when it is recognized that a part of the problem is the lack of responsiveness of some segment of the environment and there is a possibility of bringing about such a change.
5. **Directional change**, used when values are conflicting or unclear, when a client system is unclear about goals or direction of effort, or when aspirations are blocked in a manner that makes unblocking very difficult or impossible.

In summary, goals and objectives should relate to meeting a need or solving a problem. They should be stated in terms of an outcome, be specific, and be measurable. They should be feasible and positive in direction and developed with the client to reflect the client's desires.

THE CONTRACT

When worker and client have worked together in assessment and in developing the plan of action, a contract develops between them as to what needs to be done and who should do it. This contract may be merely an understanding between worker and client; or it may be a formal, written, signed agreement. The form the contract takes will be dependent in part on what is best for a particular client and in part on agency practice and policy.

The use of contracts became a part of social work practice during the 1970s, brought about by a growing acceptance of the necessity for agreement between the worker and the client about the work together. As the practice of involving the client in the assessment phase of the process developed, the necessity of involving the client in planning also developed. The use of contracts is an outgrowth of these trends.

Contracts are essentially plans of action. They arise from a mutual determination of needs, blocks to need fulfillment, and problems. Mutual work includes prioritization of needs or problems to be worked on, a specification of the change needed, and an outline of the methods to be used in working toward that change. The contract includes a problem statement, goals and objectives (the desired change and steps in reaching that change), and a specification of tasks to be carried out by worker and client. It also contains a time frame for carrying out tasks and meeting goals and objectives.

Theodore Stein has suggested that there are two parts to every contract. The

first part specifies the client's objectives, the goals for the service, a statement of agreement by the worker with the client's objectives, a statement of potential consequences of the service, and a time limit. The second part is a specification of treatment methods. It includes steps to be taken, tasks of the client and others who may be involved, environment resources, and the role of the worker. This represents another way of writing a contract.

The contract is not a legal document. It is binding only within the worker-client relationship and thus is only valid to that relationship. Also, it contains more flexibility than a legal document for it can be changed by agreement between the worker and the client.

The use of contracts in social work enhances the motivation of many clients for work on problems and tasks because it gives structure, specificity, and a sense of participation to the client. The reaching of agreed-upon goals and objectives through the client's own actions (at least in part) enhances self-esteem and the sense of being able to affect a situation.

Clients should understand all parts of the plan or contract. They need to know explicitly what their responsibility is in carrying out the plan. It is particularly important to help clients understand the transactional nature of situations.

The worker should identify disagreements between self and the client. These disagreements should include those that are actual, potential, and latent. The worker must develop skill in negotiating to resolve disagreement as a part of the planning or contracting process.

Contracts are easiest to develop with motivated, trusting clients. They are very useful with disorganized or forgetful clients who need reminding about the work to be done or their responsibility for carrying out tasks. Sometimes contracts are more effective if written, but sometimes this is not necessary or even desirable. For the resistant or distrustful client, the signed paper may be a barrier, while a verbal commitment would be a help.

Guidelines for Interviewing Children

Avoid confusing the child

Use words and phrases that the child will understand

- If the child uses words that are strange to you, try to find out what the child means by such words.
- Don't convey value judgements regarding words that are used.
- For very young children, ask short questions that do not require complicated answers. It's better to ask several understandable questions than one that is too complex.

Avoid frightening the child

- Conduct the interview at the child's eye level
  - Preferably do not sit at a desk
  - For a young child, you might sit on the floor to put him at ease.
- Explain whether parents are aware of the interview.
- If you have concerns about retaliation on the part of the parents, you should offer and provide support to the child when he or she faces the parents.
- Discuss the nature of confidentiality of the information: Will you share it only at the office? With teachers? Friends? A doctor? Will you be telling the parents?
- If the child prefers, allow a person whom the child trusts to be present during the interview.
- In situations of sexual abuse, the interviewer should be of the same sex as the child.

Treat the child with respect

- — Don't talk down to the child.
- — Respond honestly to questions that the child asks.
- — Don't give false assurances.

Avoid placing the child on the defensive

- — Don't expect or encourage the child to take sides against the parents.
- — Don't give the impression that you think the parents are bad, dangerous, lazy, etc.
- — Indicate that you want to help the family with specific problems they may be having.

Alleviate the child's guilt

- — Reassure the child that he/she is not responsible for the abuse, neglect, or consequences of the investigation.
- — If the child is a self-referral, reinforce the correctness of the action.

Treatment Resources

The problems of CPS families are multi-dimensional, and thus a variety of services are generally required. The selection of services must be based on the needs and capabilities of the parents and the child. The final selection must also take into consideration cultural and ethnic values and beliefs held by the family.

SERVICES FOR CHILDREN

Early Childhood Programs: Day care programs and pre-schools provide maltreated children with:

- — time away from a stressful home situation;
- — needed structure, limited setting, and stimulation;
- — an opportunity to interact with adults and children who serve as models for appropriate action; and
- — an alternative to foster care when continual presence in the home places the child at risk.

Therapeutic Playschool, Day Care or Pre-School Programs

Provide abused and neglected children who suffer from developmental delays and/or psychological problems with:

- — educational and general developmental stimulation;
- — safe environments where they can test their feelings, experience nurturing, and develop trust in others.

Special Education Programs. Public Law 92-142 provides that physically or emotionally disabled children must be provided with educational programs designed to meet their individual needs. In addition to meeting their educational needs many schools have:

- — counselors and social workers who can provide children with counseling, specialized attention and emotional support;
- — special classes for children with serious behavioral and emotional problems.

Special Therapies - for children with emotional difficulties (must take into consideration the age of the child).

- — Play Therapy provides young children with a safe environment where they can learn to express and resolve feelings, conflicts and fears through play.
- — Individual Therapy provides children who can express themselves verbally with attention and support to meet their needs, deal with their fears, resolve conflicts, and promote self-esteem.
- — Group Therapy provides adolescents and pre-adolescents with support

and experiences which assist with socialization and assist in the development of self-awareness and sensitivty to others.

— Art Therapy allows children to release feelings and conflicts and grow emotionally. Art therapy is useful and helpful both as a diagnostic and therapeutic tool. It generally requires a trained art therapist.

Supportive Services - Programs and activities which provide recreation for children can be healing. These might include:

— outings with CPS workers;
— Big Brothers, Big Sisters;
— Girl Scouts, Boy Scouts, 4-H clubs;
— Foster Grandparents programs;
— after school programs;
— church activities;
— tribal recreational activities;
— tribal cultural activities, Pow-Wows, etc.

Out of Home Placement - When children must be removed from their families and homes.

— **Foster Care** should be used on a short-term crisis basis for abused and neglected children who cannot safely remain in home. **Foster home placement should be considered only in serious cases because of the resultant disruption and emotional cost to the child.**
— **Long Term Foster Care** may be an appropriate placement for some children. This is particularly relevant to adolescents who cannot return home, but who are too young to be emancipated.
— **Specialized Foster Care** may be appropriate for the more disturbed child who can tolerate a family setting.
— **Group Homes** are appropriate for pre-adolescents and adolescents who cannot tolerate the closeness of a foster family but could benefit from group living and structured peer group interactions.
— **Residential Treatment Facilities** provide treatment for severely disturbed or mentally retarded children and adolescents.
— **Adoption** depending on the age of the child, **should be considered as early as possible whenever returning the child to his or her own home seems unlikely or impossible**. It is important to keep in mind that time frames are construed entirely differently by children in different age groups.

SERVICE FOR PARENTS

Specific Therapies assist parents who are ready and willing to work on their problems. Each of these therapies requires a great deal of specialized knowledge and skill on the part of the therapist. The following are some of the ways specific therapies can benefit abusing and neglecting families:

— **Individual Therapy** allows abusive and neglectful parents to experience a one-to-one therapeutic relationship in which they receive individual attention and recognition, and have their dependency needs met.
— **Group Therapy** can assist parents in reducing social isolation, improving their sense of self-worth, developing trust in others and mutual support among members.
— **Marital and Family Therapy** allows partners to learn how to communicate with each other, how to express feelings openly and constructively, and how to trust and support each other.
— **Family Therapy** is beneficial to families whose members are verbal and where level of anger is not too high; contraindicated in situations where family members are extremely needy or dependent.

— **Residential Family Therapy** provides intensive therapy for both parents and children and provides nurturance and support to family members.

Parent Education Programs assist parents in developing adequate parental attitudes and skills. The programs generally include information regarding:

— child development;
— discipline;
— recognizing and communicating feelings;
— understanding the feelings of others.

Family Planning enables parents to plan for the size of their family and the spacing of their children.

Supportive Services can provide in-home support for the family.

— **Community Health Nurses** can often gain entry into a home when no other professionals can. The nurse can provide medical services, assistance with child care, and a model for effective child rearing.
— **Homemaker Services** provide assistance with home management, child care, budget planning; can effectively provide emotional support and a substitute for removing children from the home. These services can be used on a crisis basis.
— **Parent Aides** develop an intensive long-term relationship with parents providing them with warmth, understanding and support.
— **Self-Help Groups** provide peer support and assistance.
— **Crisis Nurseries** are designed to offer immediate child care services for parents who are temporarily unable to care for their children or are in need of brief respite from their children.
— **Employment and Training Programs** can improve parents' self-esteem and lessen isolation.
— Other services that will provide support to the parents include:
  Housing assistance, Transportation,
  Financial Counseling and Assistance,
  Health Care Services and Legal Services

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Substitute Care: Residential Treatment, Adoption, Family Foster Care, Day Care

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Special thanks are extended to Sandy Taylor and Walter Elias whose works in the fields of residential treatment for Indian children and Indian child welfare policy contributed greatly to the composition of this curriculum.

SUBSTITUTE CARE:

Choice of creatures suggests teaching through storytelling; the elder storyteller is symbolized by the eagle. The eagle suggests wisdom, strength, power, knowledge, experience. The child is symbolized by creatures whose characters suggest innocence, purity and vulnerability.

OUTLINE

Defining Entry Level Competencies for Child Welfare Workers Serving Indian Communities

Substitute Care: Residential Treatment, Adoption, Family Foster Care, Day Care

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IX. SUMMARY

I. INTRODUCTION

The very development of this curriculum module on the subject of "substitute care" illustrates the extent by which the holistic and integrated life of American Indian communities and families has changed. Once there was no need for child welfare workers or an established, formalized system of substitute care. Substitutes for what? Indian societies were self-sufficient and autonomous and had well-defined ways of taking care of their own including the young and the elderly.

Federal and state governmental policies and practices which encouraged genocide, assimilation, and acculturation during various historical periods over the past 100-200 years have radically altered the face and shape of Indian culture and society. And today, with over 80 percent of the Indian population residing on geographically isolated reservations away from the heartbeat of the dominant American society, most non-Indians have little perspective of what life is for Indian people in the 20th century. Few of them have any idea that, despite extensive campaigns waged against the continuation of an Indian life, a resiliency has allowed their traditions and way of life to find expression to this day.

The core of this curriculum module on substitute care rests with an awareness and recognition that the very strengths of Indian culture and society that enabled Indian people to survive remain as resources to meet the challenges of this present era. The willingness of child welfare workers to be personally and professionally motivated to understand the values, fabric, and historical context of Indian people will go a long way toward enhancing their effectiveness and contributions when working with Indian populations.

What is Subetitute Care?

Substitute care includes adoption, foster care, residential treatment and day care. When considering the placement of a child in an environment *other than* with the natural parents, the caseworker must deal with three very critical concepts. The first concept involves *continuum of care.* This refers to the child's opportunity to receive attention in a consistent manner over an extended period of time (or so long as substitute care is needed). Ideally, the child will receive care from a principal caretaker rather than being shuffled from one provider to another.

A second consideration involves placement of the child in the *least restrictive environment.* Whenever possible, children should grow up in settings which provide opportunities for normative social interaction and freedom of movement. Placement in residential, institutional facilities should be considered only after all other alternatives of care and treatment have been tried, or in cases in which the client poses a danger to himself/herself or to others.

The third critical concept is *permanent planning.* Serious thought must be given to the child's future when carrying out interventionist actions. That means each and every action taken by the caseworker, large or small, can be seen as having an effect upon the later life of that child. A visionary, but well conceived, plan will do much to ensure that the needs of the child are being actively taken into account.

II. HISTORICAL OVERVIEW

The United States government's policies on, and actions toward, American Indian people are historically well documented. This section will not attempt to recount this legacy of extermination, expulsion, exclusion, and assimilation. Rather, this portion of the curriculum will highlight the need to become

knowledgeable and familiar with those chapters of life that have already occurred, so that Indian and other people can go beyond and create better lives for the future.

Today, in the world of American culture our daily life has accelerated so that satellite and other technological means of communications have made yesterday's news obsolete. It is, therefore, no wonder that emerging generations are growing up with an extremely limited awareness of how we got to where we are today.

Even more significant is a general inability to recognize that what has gone before us makes us, to a large degree, what we are now, and points the way to what we are to become. American Indian culture is very old and continuous, whereas the history of these United States is only in its infancy. A major element of this curriculum will be to center on the need to understand the nature of *process*, and to move beyond the present.

The past, present, and future are all an interconnected process, each bearing weight upon the other. Once an understanding of the nature and significance of this process has been attained, the social worker can begin to work and communicate more substantively with Indian people. What becomes even more evident is that the values, beliefs, and traditions of the past find active and meaningful expression in the lives of most Indian people today. These are not remnants or vestiges of the past but they live in the present.

Examination of the historical evolution of Indian societies since the arrival of the European in the 1600's illustrates that Indian peoples' lives have, nevertheless, undergone considerable change. Once self-sufficient economically and living in balance and harmony with the forces of nature, Indian life was brutally disrupted. Aside from the obvious impact of a concerted genocidal campaign, there were the drastic effects of dislocation from their homelands, forced dependency as wards of the state, and the substitution of crop, hunting, and/or trading economies with those characterized by cash and employment. Children were physically kidnapped from their parents and placed in Anglo-American based educational institutions at great geographical distances from their homes. Many of these children were kept away from their families for eight or more years at a time. In effect, an entire way of life for Indian people which had developed over millennia was dramatically and forcefully broken up. The consequences of these policies and actions pervade Indian country and perplex any who might enter.

In America today, there is a general tendency to sweep away from thought the injustices brought upon Indian people. This dismissal is sometimes justified by a tunnel vision "be here now" mentality, which holds that one does not want to be held responsible for the behavior of his/her ancestors, nor to *see* the relevance of the past to the present. And so responsibility and relevance are often summarily disregarded, ignored or avoided.

This curriculum has, at its core, the premise that social workers will contribute more to the well-being of Indian people if they (1) learn to become advocates for Indian self-determination on both individual and policy levels thereby enabling people to exert more control over their lives; and (2) learn to recognize the strengths of Indian people, their society and culture, and to work creatively to endorse these features and enhance them.

In the social work profession, practitioners understand the importance of having a sense of power over one's own life. Among Indian communities, this sense of self-determinism assumes an even greater prominence when viewed against the backdrop of historical events set in motion to destroy the autonomy of Indian people.

III. "THERE IS ONLY ONE CHILD, AND HER NAME IS CHILDREN": INDIAN CHILD WELFARE AND PUBLIC POLICY

Introduction

Several underlying issues come to the forefront of concerns in providing child welfare services to American Indians. The first of these is the problem of gaps in the Indian child welfare system created by lack of funding and by vaguely defined areas of responsibility among the confusing array of service providers: federal (Bureau of Indian Affairs and Indian Health Service), state social service departments, private agencies, and the tribes themselves. The second underlying problem is the application of traditional, Anglo-American child welfare policies and principles to services for a minority population with different cultural traditions and values. Finally, intertwined with both of these issues is the limited participation which Indian people have had in the planning and delivery of these services.

The purpose of this section on the provision of child welfare services to American Indians is to draw together and synthesize available material on the issues and solutions that have been implemented, especially in regard to the Indian Child Welfare Act (ICWA).

Laws and Policies Affecting Indian Child Welfare

Responsibility for child welfare services to Indians is a complicated jurisdictional relationship among federal, state, and tribal governments. In this section, historic and current laws directly influencing the delivery of child welfare services to Indians will be examined.

Federal Laws and Policies:

United States laws and policies towards American Indians for the past 200 years have been directed toward control of Indian land.[1] As Indians were removed from their lands, they lost their livelihoods and became dependent on the U.S. Government for basic needs.

Congress, which was given power to regulate commerce with Indian tribes through Article I, §8 of the Constitution, has ultimate responsibility for federal-Indian relations. In 1789, the Office of Indian Affairs was established in the War Department. When Congress passed the 1834 Trade and Intercourse Act, it established the BIA to administer federal Indian programs, to act as trustee for Indian lands and resources, and to give the tribes opportunities to become independent of government subsidies. In 1849, the BIA was moved to the Department of the Interior and given the responsibility to manage "all Indian affairs and . . . all matters arising out of Indian relations."[2]

Laws enacted by Congress reflect the political and social climate of the time as does the implementation of these laws. For example, it was not until the 1921 Snyder Act that Congress began to appropriate regular funds for services to tribal Indians. The Act gave the BIA permanent statutory authority to expend funds for programs and delivery of services "for the benefit, care, and assistance of Indians throughout the United States."[3]

The Johnson-O'Malley Act of 1934 has been described as the "New Deal for Indians."[4] Under this Act, the Secretary of the Interior was authorized to contract with states, territories and private institutions for medical services, agricultural assistance, and social services for Indians. This Act provides authorization for the BIA to contract with states for social services, including child welfare services.[5]

The 1940's were the beginning of what has become known as the termination period. Congress looked for ways to ease itself of the burden of responsibility for

Indians, appointing Dillon S. Meyer, former director of the War Relocation Authority (the agency which managed the Japanese-American relocation camps during World War II) as Commissioner of Indian Affairs. Under Dillon's administration, Johnson O'Malley funds were limited to Indians living on federally recognized reservations.[6] In 1953, passage of House Concurrent Resolution 108 by the Congress terminated the tribal-federal relationship of 10,000 Indians. At the same time, Congress passed Public Law 280, which allowed state criminal and civil legislation to supercede tribal and federal law on some reservations and Public Law 959, which provided relocation employment services and transferred the IHS to the Department of Health, Education, and Welfare. In those states which enacted legislation under P.L. 280, BIA social services were limited or discontinued and state services instituted on reservations within those states. "Few federal Indian policies in this century have elicited stronger negative responses from Indians than P.L. 280 and the Termination Acts."[7]

With the passage of the 1968 Indian Civil Rights Act, P.L. 280 was modified to give tribes the right to accept or reject state assertion of jurisdiction. The BIA continued to be the chief provider of social services on reservations. It provided child welfare services to reservation Indians through a combination of direct services and contracts with state and private agencies for other services. In addition, some tribes had contracts with the BIA for funding of tribal-administered social services.

Tribal Laws and Policies:

When Congress passed the Snyder Act in 1921, authorizing the BIA, in part to, "Arrange . . . for the . . . relief of distress and social welfare of Indians," most American Indians were in a state of social and financial dependency resulting from generations of encroachment on Indian land, livelihood and lifestyle by the white society. As a result, many long-standing cultural practices were destroyed or greatly modified. Among these was the means of caring for dependent children and old people, which has been described as the Indian Social Security System.[8]

"The kinship system had traditionally been the Indian's way of coping with orphan children."[9] The extended family customarily took over the care for them, an informal adoption process assuring Indian dependent children of a permanent home. When extended family members were unable to accept this responsibility, other members of the tribe would do so.

The incursion of alien peoples set in motion the forces which ultimately led to an economy which demanded cash for goods and services. Since the coming of Anglo-Americans, many Indians have been forced to leave their impoverished reservation communities in order to find employment in urban areas. This has shattered the kinship system, with reservation and urban Indians often having insufficient resources to meet adequately the needs of dependent family members.

> The tribes have had to let some of the kinship systems go by the board because of the lack of an economic base to continue to provide for these people. However, poverty is not the only enemy of the kinship family. The way of life of the dominant society, with its enticements and pressures, and the competitiveness of urban living, make the tribal way of sharing difficult.[10]

Dependent Indian children were considered the responsibility of the extended family, not the tribal government. When tribes began to write formal codes under a provision of the Indian Reorganization Act of 1934, child welfare was not commonly seen as an area needing codification. At the same time, state and federal governments have operated on the premise that tribes have inherent and sovereign powers and "except as limited by federal statute, tribes may maintain

jurisdiction over all kinds of civil action, including family law."[11]

The result of this situation of greatly modified traditional kinship systems having no tribal child welfare codes, and the laissez faire stance of the states and the federal government, was, that for thousands of dependent children, there were no organized resources for care.

The BIA, as the responsible federal agency, has provided some child welfare services on reservations but these have been insufficient to meet the need. Long-term foster care and/or boarding schools have been used as solutions to the problem of disrupted family life for many children who might have benefited from permanent adoption. Because the BIA is not an adoption agency, it could provide adoption services to Indian children only through contracting with licensed child welfare agencies. In several states, the BIA contracted with state welfare agencies for these services for many years.

This was the situation in most states with significant Indian populations in the 1950's: Indian children needed permanent homes, and few such homes in the state, Indian or non-Indian, were known to be available, nor was a recruitment effort made to find homes within the state.

Over the past decade, tribal leaders have initiated actions to stop the placement of Indian children in non-Indian homes.[12] In some instances, the first official child welfare enactment by a tribal government has been issuance of a statement opposing such practices. Many tribes are now adding child welfare sections to their government codes; several tribal agencies have written model codes. Presently, many tribes, in an effort to reverse the trend of BIA-dominated child welfare services, have developed their own child welfare services under P.L. 93-638, the Self-Determination Act passed by Congress in 1980.

P.L. 93-638 — Self-Determination Act

During President Carter's administration in the late 1970's, legislation was enacted to bring about a greater degree of self-determination on the part of Indian tribes. Public Law 93-638 permits tribes to contract for direct funding from the federal government and to take over programs previously or currently administered by the IHS and BIA. This legislation clearly indicates that tribal entities need to deliver services at least at the same level as those delivered by the IHS and BIA at the time the contracting procedures take place.

While this is certainly a step in the right direction, the implementation of P.L. 93-638 has been limited. Entrenched bureaucrats and policymakers within respective federal agencies continue to restrict the tribal governments in the management and administration of their own programs. Congress has failed to allocate sufficient monies to tribal governments to help promote their capacity to become self-sufficient. This glaring lack of support, real cutbacks in terms of dollars over the past decade, represents more a theoretical rather than actual, tangible commitment to facilitate Indian peoples' ability to achieve true self-determination.

Unmet Needs

The most pressing needs of Indian families and children are more jobs, more firm control of lands and resources by Indians, and respect for their distinctive ways of life. Unemployment and poverty are the major problems that Indian families face in raising their children. Over the last 300 years, Indians have been progressively displaced from their best lands, which formerly were the source of their livelihood. Even the placement of tribes on reservations did not stop this policy. On many reservations, the government made it possible for the best lands to be homesteaded, sold, or leased to non-Indians.

Unemployment rates on many reservations, and in many non-reservation Indian communities, are disastrously high. According to U.S. Labor Department statistics, unemployment rates of 40 to 75 percent are not uncommon. The 1980 census (which has been widely criticized for undercounting Indians) has produced figures which show that approximately 40 percent of all Indian families are living below the poverty level. An estimated 35 percent of all Indians over 25 years of age have an elementary school education or less. Less than five percent have completed four years of college. According to the IHS, "The health status of Indians . . . still lags 20-25 years behind that of the general population."[13] Thus, it is clear that economic problems are a real and major source of difficulty for Indian families.

However, there are also pressing problems directly related to child welfare. Within the field of child welfare services, tribal governments and other Indian organizations need to be more involved in the planning and delivery of services. Since child welfare services have traditionally been associated with the removal of Indian children from their homes and tribes, the imposition of more child welfare services by non-Indians is *not* an effective solution to Indian problems.

Many Indian people acknowledge that their children are inadequately supervised and often randomly fall into non-purposeful activities. With extra time on their hands, many children, especially adolescents, get into trouble. It is often reported that adolescents fall into patterns of uncontrollable behavior. The behavior usually is non-violent, but it can involve glue sniffing and alcohol abuse, among other problem behaviors. In many Indian communities this behavior is also encouraged by conditions of poverty, isolation, alcoholism, and, in many cases, by the weakening of traditional mechanisms of social control.

Where the extended family and other social institutions are strong, problems usually can be handled, but when the extended family and other traditional social institutions have been weakened or broken down, the problems become particularly acute. For example, on the Fort Berthold Reservation in North Dakota, many children in new public housing projects encountered behavioral problems. These housing projects were similar to those built on other reservations. Whereas, most residents had been accustomed to living in open country where there was plenty of room, the housing projects were tightly clustered. Many people who were displaced from their home communities by the building of a dam in the 1950's were also living in the projects. Since people in these projects lived next door to families from other communities and not to their extended families, traditional systems of family support and control of children by the extended family functioned less effectively. It also seems that supporting social and family structures are rarely present for Indians who live in cities.

BIA boarding schools have been, and continue to be, major resources for the out-of-home placement of Indian children. Included are children from families which are having problems and children whose own problems cannot be handled by their parents or within their own communities. Placements in BIA boarding schools are generally handled by BIA social workers and a majority of placements are made for social rather than educational reasons.[14]

Children often are placed in boarding schools because group homes, foster homes, emergency care facilities, and programs which provide counseling and other social services to children and families are unavailable to urban and reservation Indians. Thus, BIA boarding schools are often the only resource available to parents whose children have problems. BIA boarding schools, however, have been declared "A menace to the mental health of Indian children."[15] Standards for taking children from homes for placement in boarding schools generally are vague and arbitrary as have been the former standards for placement in Indian foster care.

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The Indian Child Welfare Act of 1979

Much has been written about the Indian Child Welfare Act (ICWA). What is most remarkable about the passage of this legislation is that it affirms the willful determination of Indian people to maintain their way of life, culture, and society by preventing the destructive practice of removing Indian children from their homes and families. At the same time, the ICWA works as a protective measure, sparing Indian children and their parents the grief and emotional trauma that accompanies unwarranted and prolonged separation.

The ICWA legislates federal policy to support the planning, management, and delivery of child welfare services by tribal governments and by Indian organizations off reservation. The later passage of the Self-Determination Act, P.L. 93-638, permits direct funding to, and internal responsibility from, tribal programs.

The ICWA declares that it is the policy of Congress to assist Indian tribes in the operation of family development programs, to establish standards for placement of Indian children by non-Indian public or private agencies and, generally, to promote the stability and security of Indian family life.

There are strong historical and legal, as well as practical, arguments for such legislation. It permits the enforcement of existing federal law, and federal leadership, to encourage and require that states provide child welfare services to Indians without discrimination and with respect for tribal cultures, and that states contract with tribes for delivery of services. Programs to build the capacities of tribal governments and other Indian-run organizations in the field of child welfare are essential, whether directly funded or through the federal-state-tribal route.

The underlying premise of the ICWA is that Indian tribes, as local governments, have a vital role to play in any decision about whether Indian children should be separated from their families. The ICWA provides that no placement of an Indian child who resides on an Indian reservation shall be valid unless made pursuant to an order of the appropriate tribal court. The ICWA is intended to assure that Indian families will be accorded a full and fair hearing when child placement is at issue. It also establishes priorities in the placement of Indian children, with first preference given to members of the child's extended family, and other preferences given to homes licensed by Indian tribes or maintained by Indian people and institutions operated by Indian tribes and organizations.

Other sections of the ICWA authorize the Secretary of the Interior to assist tribes in the establishment and operation of family development programs. The objectives of these programs are to prevent the break-up of Indian families and to ensure that Indian children are removed from the families only as a last resort, after remedial services have failed to keep the family intact.

While the ICWA is considered by Indian people to be of major significance with positive impact on Indian communities, it is only a beginning step toward restoring unity to Indian families. The final bill also contains some shortcomings which limit its full effectiveness. These limitations are:

1. No provisions of legal counsel to Indian parents in child placement proceedings despite general recognition that most Indian people remain at a low economic status and are unable to afford legal counsel.
2. Strict standards of evidence required for removal of an Indian child from its family were "watered down" from "clear and convincing evidence" to vague language.
3. A section was omitted which would have required the Secretary of the Interior to review all Indian child placements within 16 years (1962-1978) before the passage of the ICWA, and to institute appropriate legal action on behalf of Indian parents whose children were illegally taken from them.

It is quite obvious that legislation alone will not resolve the past and present unsatisfactory state of Indian child welfare. Sufficient monies must be allocated to permit Indian children to receive the assistance they need from established tribal social service entities. Bureau of Indian Affairs and Indian Health Service administrators must be willing to relinquish some degree of authority and power over Indian people. Unfortunately, levels of funding continue to be inadequate. Too many BIA and IHS officials still work to obstruct, delay, or discourage prompt implementation of the P.L. 93-638 Self-Determination Act.

Summary

The proper focus for correcting the child welfare crisis must lie with the responsible Indian communities. A number of tribes are demonstrating today that, if they are informed of the scope of the problem and have some of the means, they can make dramatic progress. Adoptive and foster care placements away from the Indian community have virtually ceased. Indians, Blacks, Hispanics, the poor and parents who do not meet the dominant social norms, all are exposed to extraordinary risks of losing their children. If even one child is taken unjustly, all children are threatened. In the words of John Woodenlegs, a Northern Cheyenne, "There is only one child, and her name is Children."

IV. ADOPTION

Let's step into the world of Indian child welfare casework. An overheard conversation:

Church Representative to Young Indian Mother:

"Our church has an excellent placement program. Let me tell you about it. Your child, Verma, will be adopted by a good Christian family. They can give her a good quality education at a public school. She will enjoy the attention that two parents can provide her, as well as the comforts of life that you are not in a position to give. You yourself have a great many things to work out, not the least of which is sorting through your own problems, getting back on your feet, making a good life for yourself. You are too young to have a child, and you aren't married. Our placement program is willing and able to do what is necessary to have Verma adopted by this good Christian family and help her to live a wonderful life, one filled with opportunity. Let us bow our heads and pray for you. . . ."

(Some fifteen years later)

Tribal Social Worker Presenting at a Case Staffing:

"I just received a telephone call from a girls' home for 'uncontrollable' and emotionally disturbed adolescents; the home is in Minnesota. It seems that they have a 16 year old Indian girl whose behavior is marked by sticking pins deeply into her arms, cutting herself on various parts of her body with razor blades, ditching school, and running away from her adoptive parents. The situation has become bad enough for her to be admitted into residential treatment on an involuntary basis."

"The girl refuses to discuss her feelings with anyone — counselors, adoptive parents, friends of the family. She has only one friend, a young man five years older than herself who has a reputation for heavy drug use and petty theft. No one knows what to do with her, and all are fearful of what might happen unless something is done. Over the past four years, her behavior has been getting progressively worse."

Fellow Staff Worker:

"So why are staff at this residential center calling our tribal social services program in Arizona?"

Tribal Social Worker:

"Well, it seems that the girl has spent long periods of time looking at photographs of Indian people, and her appearance bears a remarkable likeness to full-blooded members of our tribe. The adoptive parents, upon discovering this possible connection, and who are desperate to receive some kind of help for the child, decided to have us contacted for whatever guidance and advice we can offer."

Discussion

Based on the accounts presented above, is this a highly dramatized or sensationalized account of this Indian girl's case situation? Is Verma's case situation an accurate or inaccurate reflection or characterization of the general status of Indian children who have been adopted at early ages by non-Indian parents?

What is the "true" nature of adoption in Indian communities? And what bearing does this status have upon the decision-making judgements, and actions to be taken by social workers who are put into contact with such case situations?

The history of Indian adoptions follows:

1. Many adoptions were arranged through well-organized church placement programs with missions to "save" these children from non-Christian upbringings and eventual damnation in hell, or at least to teach belief in Jesus Christ and other tenets of Christianity.
2. Before the advent of the ICWA, many state government welfare agencies placed Indian and part-Indian children in adoptive homes. It has been estimated that at least 90 percent of the Indian children adopted through these state agencies were placed in non-Indian homes.
3. There was no major effort to recruit Indian families for Indian children. For example, on one reported occasion, a state welfare worker did go to an Indian reservation community to tell Indian families about Indian children in need of adoptive homes. The prevailing response from Indian families was: "We didn't know you needed Indian adoptive families." This one time effort was not repeated, and Indian children continued to be placed with non-Indian families. State and private recruitment efforts have been aimed at finding families for hard-to-place children, but as one Indian worker explained, "Healthy Indian newborn babies were not hard to place."
4. Some Indian families permitted their children to be adopted, but for different reasons. Some felt that their children would be "better off" growing up in environments not wanting for food, shelter, material comforts, educational opportunities. The persuasive tone of church representatives certainly helped to bring these ideas home. Still others were moved by the obvious differences in economic status and wealth between those offering to adopt and those who had given birth to these Indian children. Yet other families were beset by a great many problems that prevented them from making clear, careful, and well-deliberated decisions in the face of pressures from outside persons, and growing crises. The Indian mother was often unwed, very young, still in her teens; sometimes there were other children to consider; the father's presence and support were often missing; and a lack of training and employment opportunities left these families with little income from which to provide material support for their children.

The Result?

Entire Indian families found their way of life being diminished by the removal of thousands of Indian children to distant lands, being raised in different cultures. The continuation of ceremonial traditions and language was placed in jeopardy with limited numbers of succeeding generations available to follow in their elders' footsteps. Clans, members of the immediate and extended families, and the parents themselves felt a keen sense of loss and grief at their children's departure and absence. If this pattern of adoption were to continue, the future of Indian people was, indeed, a bleak one.

And what of the Indian children who had been placed away from their ancestral homelands and heritage? The adoptive parents, social workers, psychologists, educators, all were witnessing a pattern of maladaptive, depressive, and defiant behaviors on the part of these children often *despite* caring, materially comfortable home environments. Although not *every* adopted Indian child experienced major problems, the prevalence and frequency of emotional and behavioral difficulties were so great among the majority of adoptees that they could not be ignored.

In many instances Indian children, who had been adopted, as they grew older, went on quests to discover their tribal origins. In some cases, years of searching yielded successful outcomes, and in early adulthood they were finally able to know what tribe they originated from. Connecting with tribal roots meant more years of hardship and discovery in bridging the many years of separation and in attempting to learn who they really were. This phenomenon of Indian adoptive children finding their way home continues to this day.

Language and Intent of the Indian Child Welfare Act Concerning Adoptions

The ICWA clearly identifies the procedures to be followed in cases involving the adoption of Indian children. These measures were enacted to protect the rights of Indian children and their families, and to safeguard the interests of the tribes.

The law gives tribal courts exclusive jurisdiction over custody proceedings involving any Indian child "who resides or is domiciled within" a tribe's reservation. A recent Supreme Court ruling gives expansive interpretation to the meaning of Indian domicile. This prevented the adoption of two Indian children to a non-Indian couple even though the children had never lived on the reservation. The children's natural parents preferred living off the reservation and chose to give their children up for adoption to non-Indians (Choctaw Reservation, Mississippi, 1989).

In cases involving the adoption of an Indian child, the ICWA specifies that members of the child's nuclear and extended family have primary rights to adoption. Secondary rights for consideration go to members of the child's tribal group provided the interest and willingness exists to become adoptive parents. If the tribe cannot find an appropriate placement, the planning agency must make a bona fide search among other American Indian tribal members. Only after each of these steps has been taken may non-Indian interests be served.

Out of the Woods Yet? The Baby Keetso Case

Over the past two years (1987-88), Indian child adoption cases have generated considerable attention in the United States news media. The best known case is Baby Keetso, involving an infant placed for adoption by a young Navajo mother with an Anglo couple residing in the state of California. The Navajo Tribe's Division of Social Services attempted to block adoption proceedings which had been initiated in California. The presiding judge, recognizing that jurisdiction for such adoptive cases rests with tribal courts according to ICWA standards,

transferred the case to the Navajo Tribal Court.

This case received national headline coverage in television and the newspapers. The situation was generally portrayed by the media as a classical conflict between the inherent rights of the natural mother versus the wish of Indian societies to exert their will. Sympathies were extended largely to the white, wanting-to-adopt couple. The Navajo Tribe's efforts to hear the case was portrayed, at best, as an intrusion into the rights of the individual, and at worst, an intolerable favoritism of Indians over whites.

The Baby Keetso case perhaps was most notable in its subversion of the gains attained from the passage of the ICWA, reflected in statements by reporters and a public ignorant, unconcerned or intolerant of the long history and plight of Indian children. Politicians suggested looking into revisions of the ICWA, and only a court-negotiated settlement of the case took the steam out of such considerations. While some legitimate questions were raised about procedures used to safeguard the welfare of the Keetso infant, the affair was a clear reminder that vigilance is still very much required in protecting the rights of Indian children to have choices in deciding their own identity.

The mere passage of the ICWA does not, in itself, guarantee the rights of Indian children and their families. Many judges, attorneys, social workers, and law enforcement officers residing in towns and cities are unfamiliar with either the existence, intent or specifications of the ICWA. Furthermore, in urban settings, cases for adoption involving Indian children can pass unnoticed.

Social Worker Roles and Responsibilities

What can a social worker do to protect the adoptive rights of Indian children and their families? In matters of policy, it is essential that the social worker first become familiar with the ICWA, its legislative history and substantive content. Secondly, judges overseeing adoption proceedings involving Indian children need to be informed about the existence of, and statutes governing, the ICWA. Also, tribal social workers should be notified of any cases under consideration that may require tribal representation. Social workers who are attending to child welfare cases affecting Indian reservation communities should become knowledgeable about the specifics of particular tribal children's codes.

Clinically, it is important for the social worker to understand that working with an Indian child, adolescent or young adult who has been adopted by a non-Indian family through placement programs will require a considerable length of time before emotional breakthroughs can be made and stability attained. The Indian client has known and felt a great difference between himself/herself and his/her adopted family, and society at large, but will most likely have difficulty in expressing the nature of this dissonance. Elements of guilt, confusion, anger, fear, sadness, among others will need to be dealt with over time. These same feelings exist with Indian parents who have lost their children through adoption.

Putting the client in contact with Indian social workers who have firsthand familiarity with Indian people and who have experienced similar adoption practices may help to begin the healing process that reestablishes identification. For it is an identity crisis that is at the heart of many of these adoptees' traumas, a crisis of understanding who one is within the broader context of life and life's meaning. Tried and tested qualities of patience, listening, gentility and grace will go a long way toward soothing one who has been lost and bringing him/her home.

V. FAMILY FOSTER CARE

Read the following **fictitious,** abbreviated foster home report.

Inspection of Suggested Foster Home — The Ismati Family

Home Visited On: July 6, 1988 at 9:00 a.m.
Reporting Social Worker: James Woodrow

The Ismati home was visited to determine this family's suitability as foster home parents for children referred to our social services program for emergency shelter on the Bokono Indian Reservation. Both Mr. and Mrs. Ismati were present and showed me around their house. Mr. Ismati is a machinist and employed by a company located a 10 minutes drive south of the reservation. Mrs. Ismati is a housewife. They have three children of their own, aged 7, 10 and 12 years; the children attend the BIA day school at Talashoma Heights. The entire Ismati family is enrolled as members of the tribe.

An inspection of the family home revealed below-standard, in some ways, unfit conditions:

- Only two bedrooms are available; sometimes one child or the parents sleep in the living room. The Ismatis plan on remodeling a small area adjacent to the living room as a bedroom for temporary emergency child placements.
- No running water. Water is hauled from a central community water tap, and placed in a large container for consumption by all members of the family and visitors.
- No indoor plumbing facilities. Family members and visitors must walk outside 30 feet to an outhouse made of plywood, whatever the weather (and today it was pretty cold and rainy).
- A mostly clean, but dusty household. It seems this reservation dust finds its way into the house through crevices and cracks.
- Not many signs of modern conveniences. The Ismatis have one black and white television set. Furnishings such as couches, tables, and chairs are available but modest in number. The floor is covered by linoleum that is faded and peeling in some areas.

Summary and Recommendations

Mr. and Mrs. Ismati were recommended for consideration as foster parents by school educators and other members of the reservation community. They have fine reputations, and their children are praised by friends, neighbors, and school officials. There do not appear to be major problems in Mr. and Mrs. Ismati's marriage. While Mr. Ismati was once arrested for intoxication, this incident occurred several years ago and no arrests or disturbances have been reported since then.

State standards and regulations, however, are such that the Ismati home cannot be approved for foster home care. Conditions are overcrowded, unhygienic (e.g., no running water), and will not afford the foster children placed in this environment the benefits of modern conveniences, aspects of life they will need in this modern world. I, therefore, recommend *against* approval of the Ismati family for foster home designation.

Respectfully submitted by:

James Woodrow, Social Worker
Crow County Child Welfare Services
July 21, 1988

Question:

You are a supervisory social worker and have reviewed James Woodrow's investigatory report presented above. Do you agree with his assessment of the Ismati home and family? Explain why or why not. What are the most important factors to consider in developing a foster care program, determining its worthiness and merits, and the manner by which foster parents will be selected?

Discussion

The concept of "foster care" among Indian communities has been a foreign one. Traditionally, Indian people took care of their own when crises or emergencies arose. Because of the extended family system, there were always enough supports to help out and ensure the safety and welfare of children.

Major changes in the social organization and fabric of Indian families and lifeways over the last 100 years have eroded the once self-sufficient order of their communities. As a result, when problems arose, state and county social workers were usually the responsible parties who assessed the Indians' home environments and placed their children in foster homes. Many of their decisions were based on non-Indian standards and values, and the children were removed to reside with primarily Anglo families. Many of these children were subsequently put up for adoption and lost to their Indian parents and tribal groups forever.

The Indian Child Welfare Act of 1979 marked the end of these destructive and unwarranted practices, but Indian communities lacked the infrastructure, policies, and procedures to implement their own foster care systems in their reservation communities. An informal system operated whereby a child removed from his/her parental home due to suspected child abuse or neglect or in the event of a family disaster was taken to a relative's home until the situation changed. In some cases, no family members could be targeted for placement and friends or acquaintances were asked to provide emergency shelter. This "informal system" was not, however, ideal, and in some cases failed to safeguard the welfare of the child. Screening and evaluative procedures often were missing and the children subjected to other problems in their newly placed environments.

Since 1978, most Indian tribes have endeavored to establish comprehensive and formalized foster care home recruitment programs. These programs contain provisions for identifying Indian families which might want to serve as foster families, evaluating them according to locally-developed standards, and providing specialized training so that these parents will know how to fulfill the special and unique needs that foster children may have (e.g., medical, emotional). Several tribal social work programs have also initiated procedures to track and monitor the progress of the child in placement to ensure that he/she does not get "lost" in the system.

Certainly a careful definition of the community's needs and the manner by which these should be met by foster parents would result in a more systematic approach in identification of places to put children in emergency situations occurring at inconvenient times such as weekends, holidays, and during the early morning hours. What is most important, however, is that the determination and establishment of standards for foster care for Indian communities and the procedures that are to be employed must be consistent with the values and conditions established within Indian communities. Empowering tribal social services programs to design, develop, implement, administer, and manage their own foster care programs can only help restore those elements of self-sufficiency and autonomy that are so essential to people's well-being.

VI. RESIDENTIAL TREATMENT AND DAY CARE

Introduction

Residential treatment programs and the facilities which house them are in short supply everywhere. Residential programs for all age groups — children, adolescents, adults, the elderly — have lengthy waiting lists for those requiring admission and placement. This shortage of space applies across most areas of need including care for the developmentally disabled, physically handicapped,

psychiatric patients and those with serious emotional disturbances, people dependent on, or addicted to alcohol/other drugs, and individuals requiring nursing home care. Appropriate facilities for children and youth are in especially short supply.

Indian populations are considerably more at a disadvantage than other population groups when obtaining residential treatment. These disadvantages are not only many, but have their own, distinct qualities which reflect the status of residential treatment within Indian communities in general. These are represented below.

Status and Characteristics of Residential Treatment Facilities and Programs

Funding:

Resident treatment institutions are expensive to administer and operate. Indian communities do not have the capital base to finance residential facilities on a year-round basis over an extended number of years without sacrificing other, much needed outreach programs which often serve larger numbers of people. The federal government has not yet demonstrated the commitment to provide sufficient funds to address this residential treatment need.

Costs:

The provision of basic residential treatment is most prohibitive, costing in the range of $20,000-$40,000 a year per client. If other services are required such as special diagnostics, evaluations, or medications, then the costs will only skyrocket further. Tribal administrators frequently find themselves between a rock and a hard place; their entire annual budgets would, in some cases, be wiped out if they elected to make costly residential placements.

Geographical Distance:

Many Indian communities are great distances and isolated from cities and towns. As a result, most community residents have difficulty accessing off reservation treatment programs. Additional costs and hardships are incurred with long distance telephone calls, and the transportation of clients/patients, family members, and tribal social service and other staff to these residential centers to make placements, conduct case conferences, and return discharged clients, among other normal case work functions.

Cultural Differences:

Off reservation treatment facilities are generally staffed by people having little or no familiarity with Indian culture and society. As a result, the Indian client and his/her family can have great difficulty in responding to a primarily Anglo-oriented, institutional environment. The manner by which questions are posed, counseling sessions conducted, issues presented, and discussion held, frequently works *against* successful communication and understanding between residential treatment staff and Indian people. At best, this gap in communications will retard or stonewall the therapeutic treatment process. At worst, resistance, misunderstanding, or resentment will prevail and become the order of the day.

Different Agendas:

Personnel at residential treatment centers often have different approaches and sets of priorities from those case workers functioning in more community-based environments. The most important question: "What happens after the client is discharged from the controlled physical setting of the residential treatment

facility?" as a general rule, is not satisfactorily addressed by those providing residential services. Yet it is obvious that linkage between the client's residential treatment and community/home environments needs to be established and actively fostered.

Too frequently, there is a lack of preparation and attention paid to the imminent release of a residential client. Many times tribal social service programs are given only a few days' notice to inform the client's family of his/her return and to ensure that suitable preparations are made. The residential facility's pressures and priorities to move clients out and admit new ones can (and sometimes do) take precedence over the needs of the current clientele. Already overburdened outreach case workers must then contend with urgent demands on their time to pave the way for their clients' return home.

Nature of Residential Centers and Their Limitations:

Exactly how much progress can a residential treatment program be expected to achieve with a client in an isolated, controlled setting? In most cases, it is essential to recognize both the strengths and limitations of residential treatment in geographical settings of considerable distance from Indian communities. Because the lives of Indian people are inextricably linked with their extended families and larger social network back home, programs which isolate them from this vital connection over long periods of time can create great emotional hardship and sadness. In off reservation placements for the elderly and nursing home patients, the consequences are usually more severe — a large percentage of those so placed die within two years of their placements.

Which Children Generally Need Residential Care and Treatment?
Definition and Scope of Problems

Children currently in need of placement are identified through three major categories: developmental disabilities, behavioral/emotional disorders, and/or children in need of emergency placement. These terms do not adequately describe the range and complexity of needs (e.g., one child may be identified by two or even three categories at one time), but will be used here for purposes of explanation and clarification of the problem.

Developmental Disabilities:

This category includes such handicapping conditions as mental retardation, cerebral palsy, other physical disabilities, developmental delays, congenital birth defects, and chronic medical conditions, among others. Most of these children can be cared for adequately in the home environment and in special education programs in the regular schools. However, a number of these children require intensive and specialized care and education not feasible within their home situations. It is these children who are in need of placement and are sometimes placed in off reservation facilities.

Behavioral/Emotional Disorders:

Behavioral disorders are those which are characterized by what is commonly termed "acting out" behaviors such as truancy, running away, vandalism, substance abuse, violence towards others or oneself, indications of psychotic or other psychopathological manifestations, among others. Children experiencing behavioral disorders are the ones most commonly referred for placement and cause the most discomfort to the community.

Emotional disorders are more commonly characterized by such conditions as

depression, and the more covert troubled behaviors such as school failure, physical complaints, psychotic symptoms and interpersonal difficulties. Children who are abused or neglected often, though not exclusively, fit into this category.

Emotional and behavioral disorders are intricately related; there is an extensive overlap of the two in almost all cases. It is important to recognize that the behaviorally disordered child/youth is the most obvious and troublesome and the most likely to be referred for treatment of any kind, especially for out of home treatment. Yet there are an equally significant number of young persons in the community who are emotionally disturbed but do not act out in troublesome ways, and thus are less likely to be identified as being in need of help (e.g., witness the number of youths who attempt or complete suicide but have largely escaped the attention of service providers and law enforcement). This population should not be ignored. These people are likely to exhibit problems beyond adolescence into adulthood and are in need of intervention at the earliest stages possible.

Children in Need of Emergency Shelter/Care:

These placement services are for victims of physical and sexual abuse and neglect. The length of stay for such placements is generally quite short, often overnight.

Current Needs of Children for Out of Home Placement

The needs of Indian children are presented here according to the categories outlined in the preceding pages, namely those related to developmental disabilities, behavioral and emotional disturbance, and emergency/shelter care. As well, specific information will be presented about the characteristics of children/youths placed in off reservation facilities. Many of these placements represent case histories entailing incidences of child abuse and/or neglect. A brief discussion section will follow the presentation of each category.

Developmental Disabilities:

Many developmentally disabled children could be placed in their home environments if reservation communities had adequate special education programs and provisions. Family support services for the families of these children also would greatly enhance the possibility of retaining the children in the community. Such services could include respite care (to give families a rest or vacation), family counseling (to help families learn to deal with the stresses of caring for a handicapped child), and educational consultation (to aid families in utilizing resources).

Behaviorally and Emotionally Disturbed:

The most commonly occurring behavioral disorders and symptoms among Indian children are:

Substance abuse, aggression, conduct disorder, hyperactivity, truancy, running away, school failure, suicide, disruption, depression, psychotic symptoms.

The most commonly evident characteristics are:

Childhood deprivation/abuse and neglect
Single parent households
Parental alcoholism
Legal offenses and incarceration
Child neglect and/or abuse

From the preceding emerges a picture of children and youth who are referred off reservation for treatment. Most, if not all, of those persons come from highly dysfunctional families. The longstanding nature and severity of their behaviors and emotional turmoil would require residential placement under any circumstances whether suitable facilities were located on reservation or not. This is due primarily to the uncontrollable nature of the behaviors, the presence of active peer pressure groups serving to further destabilize conditions, and/or the presence of psychotic and other emotional symptomatology needing specialized psychiatric assistance and controlled, structured environments.

In almost every case of placement off reservation, there are indications of extensive alcohol abuse by one or more of the primary caretakers of the child. Many of these children have lost at least one parent through death, divorce or abandonment early in life. Several have been raised by extended family members, usually grandparents. Nearly all have been in trouble with the law.

Service providers who have worked with these children over the years generally think that with very early identification and intervention, the children's social, behavioral, and educational deficiencies could have been averted, and off reservation placement might not have been necessary. Even the most significantly affected children (e.g., those experiencing severe emotional and behavioral disturbance) could, according to providers, have been treated or rehabilitated in reservation-based situations, if they had been identified early enough and family-based intervention measures could have been implemented.

There are, as a rule, no intensive, comprehensive mental health programs, either residential or non-residential, in Indian communities. Psychiatric and psychological services from the IHS are consistently deficient or non-existent.

The Indian community's capacity to provide therapeutic services to children and youth suffering from severe problems, with significant needs, is generally quite limited. Because of this, a small and overtaxed number of case workers often have to limit social work and mental health services primarily to crisis intervention in severe cases of need, and have often been unable to serve potential clients in need of less intensive intervention. They have had to wait until these crisis behaviors grow worse until they can no longer be ignored.

Children in Need of Emergency Shelter Care:

Increased numbers of reported abuse and neglect cases are intensifying the concurrent need to provide emergency temporary care for victims. Reported figures do not represent the total number of cases of child abuse and neglect that occur. National and other Indian population statistics show a prevalence of unreported cases. Many of the emergency cases involved sexual abuse and those victims have been determined by service providers to be in need of shelter care. Emergency shelter is also used for short term placement of children for a variety of other purposes including respite for parents, as a substitute for detention and for shelter after a family disaster.

Emergency and sheltered placements are carried out largely on an *ad hoc* basis and often by law enforcement or hospital-based personnel. Foster homes have been at a premium and training for foster parents extremely limited or non-existent. American Indian social service programs have, over the past several years, directed efforts to establish, implement, and develop comprehensive, community-based foster home care systems on their reservations. The establishment of a well functioning foster care system should help to alleviate many of the problems which have been encountered with emergency/shelter placement in the past. There are normally few physical structures available for shelter care on Indian reservations.

Day Care Needs of Children

Day care for children with mental and/or physical handicaps can provide the parent with a respite from both the emotional and physical stresses of caring for a special needs child. Examples of specialized care are: (a) emergency drop-off care for parents experiencing a crisis; (b) day care for infants; (c) day care for special needs children; and (d) therapeutic day care to address the emotional needs of abused and neglected children.

Day care services may be provided in either a congregate or a family day care setting. Congregate day care is typically provided on a large group basis in a "center" setting. Family day care is home based.

National BIA labor force statistics show that significant numbers of Indian women have no available child care substitutes. Because an estimated 50 percent of the American Indian population is under 16 years of age, the issue of day care for children intensifies in importance. Many community people have expressed concern for the perceived extent of child neglect and a pervasive lack of parental supervision of both preschool and school aged children. These problems become accentuated when school is not in session.

In addition to the physical dangers which occur among unsupervised children, there is a high risk of sexual abuse to young children and adolescents. For children of working parents, supervision is often needed before and after school and during summer breaks from school.

There is a need for full time care and supervision of the preschool children of working parents. According to service providers, parents, and teachers, parents often leave their children for care with extended family members, usually grandparents, or friends. This can become a problem when the grandparents are left with several children and do not have the resources to care for them. Many of them have health conditions which do not permit them to oversee these children's activities carefully. Such situations present prime conditions for both abuse and neglect. It has also been noted that a growing number of parents use the availability of boarding schools to oversee their children's activities and to avoid parental commitments and responsibilities. As a rule, there are no formal day care centers or related services in Indian communities.

In particular need of day care services are single parents who are the heads-of-household, employed and unemployed. In addition, parents who are experiencing stress and serious pressures in their lives can benefit from day care services as a means to help reduce the demands of child care and thus reduce the probability of abuse and/or neglect. The reduction of stress can enable a parent to direct greater resources and energy to resolve those problems associated with unemployment, physical disability, marital conflict, or housing.

Some special needs of children are currently being served by Head Start programs. These programs, however, are only available to low income families and/or children who have obvious handicapping or developmental problems. Indian Health Service physicians have been cooperating with Head Start to identify infants and young children for inclusion in this program, but mere identification is not enough. To effectively prevent increasing problems in this population group, special needs children should have care and services which are well beyond the scope of services provided by Head Start. Although some Indian communities are fortunate to receive some outreach services to handicapped and developmentally delayed children under the age of five (5) years, these services are directed more to treatment and habilitation rather than day care or supervised learning experiences.

Do *all* Indian parents have problems caring for their children in their home environments? Certainly not! While economic factors and considerations have

great impact on most families, some are able to maintain good balance and stability for their children. Furthermore, there is need to acknowledge the contention that the provision of day care services may contribute to further erosion of Indian cultural continuity and undermine those extended family support and networking functions that do exist. These services may take away from the responsibility that parents and families have toward their children.

Although there is considerable evidence accumulated which shows a growing number of unsupervised, neglected, and abused children, resource and programmatic development must be targeted in a manner that recognizes the importance of Indian social and family structure, and reinforces this structure. The creation of substitute care programs separate from the very society and culture in which the child is situated may serve more as a destructive than constructive element.

Family Day Care as a service has yet to find active expression in Indian (and non-Indian) communities. Yet it is a concept especially suited to American Indian communities because its provisions are more reflective of cultural appropriateness than day care centers staffed by non-familial professionals and paraprofessionals.

The family day care alternative is most beneficial for the care of infants and children under two (2) years of age since they need greater individual attention than older children. As well, it is better suited for children with emotional disturbances because greater individual support can be given. An additional advantage of family day care is that it can enable siblings to stay together, and encourage a sense of family identity. Ideally, parents would like to have immediate relatives care for their children when they are unable to do so. As stated earlier in this curriculum, however, extended family care is becoming less available and increasingly inadequate to meet the growing needs of a growing population of infants and children. The next best option is family day care. In this form of day care, individual families and their homes are approved for the care of a small number of children.

Several advantages that family day care has over center or congregate day care are: (1) the environment more closely resembles that of the actual family; (2) family day care costs are not controlled by a rigid standard but are based on the economy of the specific area in which the parent lives and seeks day care; (3) family day care offers more flexibility in drop-off and pick-up times; and (4) family day care obviates the need to construct new centralized facilities by utilizing existing family homes.

In addition, well trained family day care providers can serve infants and handicapped children, populations for which adequate day care is very difficult to find. Providers can cater to special diets, provide special attention to children during an emotional crisis, and identify subtle physical and psychological problems which might go unnoticed in an institutional setting. Well trained family day care providers can be utilized by the social services program for children of especially stressed families, for children at risk for abuse and neglect and for respite to parents with limited coping skills. They would provide an alternative setting in which children could receive extra stimulation and nurturing they may not receive in their own home. Family day care could also be utilized for school age children after school hours and could significantly decrease unsupervised time during which these children often are susceptible to involvement in substance abuse, damaging and dangerous activities.

Day care, in the model set forth above, is a form of *preventive foster care*. If well planned and well utilized, it can reduce greatly the need for regular and specialized foster care, thus reducing the number of out-of-family placements.

Family Day Care Program Priorities

1. Development of standards for homes and families providing day care.
2. A method of assessment to determine suitability of persons to provide family day care.
3. Development of recruitment, training and support services for family day care providers.
4. Development and design of funding for day care services.

The framework of family-based, or family-centered, social work is derived from general systems and communications theories, drawing upon various sociological and ecological concepts.

Family-centered services is an approach to the delivery of social services. It focuses on families rather than individuals, and on prevention in particular. Family-based services are intended to strengthen and maintain families and to prevent family dissolution and out-of-home placement of children. Resources are focused on assisting families in regaining or maintaining autonomy.

The family-centered service concept is based in part on the premise that the family should be the primary caretaker of its children and that social service programs should make every effort to support families in this function.

Two major advantages of family-centered services are that they reduce out-of-home placements and that they are cost effective. Family-centered services consistently demonstrate significant cost savings when program expenses are compared with foster, group and institutional care costs.

The appropriateness of this concept of services and its simplicity, makes it worth serious consideration for Indian communities.

Determining Eligibility for Day Care Services

How do social workers determine which parents or family are eligible for receiving day care services? Making such a determination is important so that children are not unceremoniously "dumped" on other people to satisfy these children's needs.

Often the parents whose children are most in need are not sufficiently motivated to obtain such services (if services, indeed, exist), or else they tend to hand over their parental responsibilities too easily, becoming dependent on day care to raise their children. Yet children should not be deprived of day care because their parents have such a problem. Children are not in positions to take care of themselves, and often become victims as a result of non-support.

A practical factor is parents' abilities to pay for services. In circumstances in which families are low on the economic scale, monetary considerations stand out as a major obstacle in making day care programs and services available to Indian people. Possible solutions are the enactment of a sliding scale based on family income and number of children in need, and additional financial support to tribal governments through federal and state grants. Single parent heads of household should be given priority for this kind of program.

Problems in Placement

Social workers often experience common problems in placing children. These problems sometimes have their origins in the make-up of the families they are working with, the court system, networking with other service providers, and the very nature of residential treatment centers (this latter aspect is discussed on pages 201 to 203). Following is a brief description of difficult areas that the social worker can be expected to encounter when considering placement options for children.

Families:

Many times parents and other family members have difficulty acknowledging that their child has severe problems and is in need of outside help. Older parents and grandparents can find it especially difficult to allow their children or grandchildren to receive mental health services (if available), particularly if this means placement outside the family. The reasons for this reluctance are several. Families sometimes mistrust the value of such services possibly because of personal unhappy experiences with health providers or because they know that others have had similar unpleasant experiences. Some parents have contributed to their children's problems and do not want to admit their own responsibility in such instances. To accept assistance, they feel, may be interpreted as an indication of an admission of guilt or culpability in causing their children's difficulties.

A large number of service providers in Indian communities have noted that this attitude toward external service providers is changing and that Indian people are becoming more accepting of social and mental health services, particularly in severe cases of emotional and behavioral disorders. Yet it is understandable that resistance to treatment remains, especially with those families which are in the denial or fearful stages of their own problems, in many cases revolving around alcohol abuse. These families develop powerful dynamics which contribute greatly to the development of emotional and behavioral problems in their children.

Courts:

In many communities, cooperation between the social service delivery system and the tribal court is lacking. Court personnel and judges are rarely trained in issues and procedures of social welfare. Court personnel must have a sense of the relationship of the social and legal aspects of child welfare cases and usually rely on social service staff to inform them of accepted procedures and practices in child welfare casework.

One method of promoting cooperation and understanding is the establishment of a clear and comprehensive tribal children's code. Such a code would define the rights of children, as well as the specific procedures to follow on matters pertaining to child welfare. A second necessity is a commitment from both the courts and social services to act speedily in the best interests of all children in need of services. It is the responsibility of both parties to commit an ongoing effort to resolve such issues.

Networking:

A number of agencies and service providers become involved when children need attention at various stages of referral and treatment. These include law enforcement and judicial agencies such as the children's court counselor, juvenile intake officer, juvenile probation officer, law enforcement personnel and special investigators, tribal prosecutor and tribal judge; hospital-based personnel including physicians, social workers, nurses, mental health professionals; community-based health personnel such as community health representatives and field health nurses; school staff including teachers, teacher aides, and special education teachers. Quite often, liaison and effective communication among these various agencies and professional counterparts are missing. There are differences to be worked out in terms of approach and understanding, interagency rivalries, limitations of time, long geographical distances which serve to hurt communications, and the absence of skilled persons with the abilities to effectively resolve conflicts. The losers in any divisiveness among providers are the children who are referred for assistance.

What Social Workers Can Do To Improve the Status of Residential Treatment and Placement for Indian Children: Interventionist and Preventative Measures that Can Make a Difference

The recommendations which follow are integral to a multitude of other factors. Circumstances beyond our control as social workers limit the extent to which additional tasks of child welfare services and programs can resolve outstanding problems and meet children's needs. For example, the prevalence of substance abuse will probably continue to plague Indian communities, and this continuance will most certainly intensify child and adolescent emotional and behavioral disturbance, and contribute to child neglect and abuse. High levels of unemployment among Indian adults perpetuate other social ills including lowered personal satisfaction and self-esteem, single parent households, financial woes, and increased stress. Therefore, these suggestions should not be viewed as a panacea for meeting all the needs of all children and their families in American Indian communities.

There are a number of policy, programmatic, and casework approaches that members of the social work profession can take for effective improvements in the lives of Indian people. The extent and degree of effectiveness depends considerably upon several factors, some of which are: (a) the specific area of residential treatment being addressed (e.g., emotionally disturbed, developmentally disabled); (b) financial resources of each respective tribe; (c) geographical locations of Indian communities relative to off reservation treatment centers; and (d) interpersonal skills and capabilities of caseworkers.

From the tribal caseworker's perspective, and on a tribal policy level, priorities have been established for residential treatment programs on reservation. This option, however, has generally proved unrealistic because of fiscal restraints. In most cases, there have been insufficient monies to operate a center on a 24-hour residential basis.

Residential treatment and placements for children and adolescents can, however, be improved by releasing tribal staff resources to permit more personal contact with off reservation treatment institutions. Tribal caseworkers need to attend staffings regularly. The drafting of clearly defined contract agreements and closer contact between residential and community workers can facilitate a well-coordinated, thoughtful, and integrated approach to treatment. This approach promotes extensive knowledge of resources, and informs requirements and procedures for gaining admission of clients to various facilities.

The absence of social and familial supports when Indian clients are placed off reservation makes advocacy by tribal caseworkers welcome and worthy of encouragement. It is the tribal worker's responsibility to educate the staff at the residential facility on how treatment may be altered to deal with cultural differences. These caseworkers are best situated to understand the conditions leading to the clients' present circumstances; as well, they can describe conditions to which these clients are returning upon discharge from residential treatment.

When possible, tribal caseworkers should make arrangements for transportation to afford client and family visitation at the facility. These visits may be a part of the case plan. The client's visits to his/her home community also may be integrated into the case plan, thereby facilitating a gradual transition between the residential center and home.

Off reservation caseworkers can carry out various policies and programmatic practices to enhance the quality and effectiveness of residential treatment for Indian clients. These include:

1. Working in close liaison and cooperation with Indian social workers. This may involve working together to make a treatment or service

plan that is most appropriate and can bring about the most benefit for the Indian client.

2. Establishing sound treatment/service goals and objectives which, if reached, may translate well into American Indians' home environments.
3. Traveling to the client's Indian reservation community to learn, firsthand, more about his/her home environment and circumstances, and to observe the tribal social services delivery system.
4. Working with tribal personnel in determining projected discharge dates and giving Indian caseworkers sufficient time to prepare for their client's return.
5. Adopting flexible case staffing and family visiting hours and dates, seeking to accommodate, to some extent, the logistical complications facing residents of Indian communities.
6. Recruiting staff who have capabilities or potential in the field of cross-cultural, therapeutic applications. Those off reservation centers which serve a sizeable number of Indian people should develop policy to recruit and hire Indian caseworkers to serve on their staff.
7. Providing specialized training to enhance cross-cultural awareness and sensitivity, and to develop specific listening and counseling skills in attending to Indian clients.
8. Modifying the residential environment to permit Indian clients to continue their customs and cultural practices while separated from their home communities. Examples of such accommodations include permitting clients to return home for short terms, after stabilization, to observe rites, participate in ceremonies or setting up special diets so that elderly nursing home patients can have their favorite native foods.

The extent to which the practices and policies listed above will find expression within the setting of residential treatment institutions depends, in large part, upon the goodwill and expansiveness of the administrative and managerial personnel. Many residential institutions are rigidly organized to control their clients' lives. Their routines require almost religious obedience, and allow no exceptions. In some cases, the imposition of these policies and procedures is intended to prevent manipulative and dishonest behavior on the part of clients. These rules are developed to "force" the client to respond to certain reality situations which, in the past, he/she has avoided, or modified, to suit his/her own purposes.

On the other hand, some institutions establish inflexible policies and rules for self-serving purposes. The caretakers do not want to contend with the "inconvenience" and ambiguity which can occur when diviations from the routine or norm are permitted. A well-ordered and controlled environment often works for the benefit of the institution and its staff but not for the clients placed within that institution to receive treatment.

The effectiveness with Indian clients rests upon the ability of caseworkers and therapists to achieve the fine balance between recognizing and attending to the special needs of Indian people, and yet ensuring that the merits of residential treatment strategies are not usurped or unduly manipulated. Developing a close working relationship with tribal and residential social workers will do much to facilitate such a balance. It is most likely that the tribal social worker will have to initiate the practice outlined in points one through eight if anything is to happen.

VII. PREVENTION AND COMMUNITY-BASED APPROACHES AND PROGRAMS

Often social workers expend most of their time and effort in a seemingly endless cycle of trying to get children placed and then reintegrating these children into their home environments. There are, however, a number of alternative, preventive programs and measures that, if successfully established, can make a considerable difference in the lives of these children and their families. The effectiveness of these efforts depends on how well social workers make use of the already existing strengths of Indian communities, namely the extensive familial and community-based networks. When compared with most segments of the larger society, Indian communities are fortunate because of the richness and availability of extended families and social supports.

In considering prevention and community-based approaches and programs, great care should be taken to incorporate the following provisions and realities:

1. Treatment and the provision of services do not define a *place*, but a *process*. The solution has to start with the cause of the problem and must, therefore, be family/community based.
2. Emphasis has been placed on the active involvement of families and extended family members. There is no need to shift direction from the already established emphasis on the delivery of culturally sensitive and appropriate services.
3. There is a need to improve the fundamental interrelationships of various agencies and service providers for the care, treatment and protection of children and youth. This constitutes an essential aspect of *process*.
4. It can be anticipated that funding resources will become less available as the years progress. Expensive projects entailing disproportionate costs such as construction and highly specialized professional personnel not only have a poor chance for initial implementation, but maintenance of such facilities and retainment of high-salaried personnel are unrealistic in scope.
5. The shortage of human service providers on Indian reservations makes it imperative to direct the focus for full use of these resources. Effective integration through the cultivation of harmonious and cooperative exchanges is essential. That other substantial body of human resources, the larger Indian community, clanships, chapter houses, families, also must be tapped and actively involved.
6. Finally, strong advocacy and a sustained commitment over time are equally essential if successful programs and related services are to effectively reach and help Indian people.

Points listed above may seem self-evident to the reader, but all too frequently, it is the process itself which limits the capacity of a project or plan to move satisfactorily, not the plan or design. Because of the unique historical, social, cultural and familial setting within most Indian communities, unique and holistic approaches should be taken in creating reservation-based children's services. It is impossible to clearly separate areas of social services, mental health treatment, shelter care, foster care and day care. To choose just one of the proposed areas and concentrate on it alone is fragmenting and disconnecting and for these reasons would eventually be counterproductive. In fact, these areas are highly interrelated and connected, and any approach to meeting needs in these areas, if it is to succeed, should take into account this multi-level and multi-dimensional factor.

The idea of "residential treatment," for example, seems inconsistent with Indian

tradition and philosophy in general. To acknowledge that a problem is so severe that it requires removal of a person from the family environment is alien to traditional Indian ways of dealing with mental and emotional problems. The fact that current residential placement alternatives are in Anglo settings is also a significant consideration. Certainly there are youngsters who need special help, such as counseling and other support services, in coming to terms with their relationship to the world. Off reservation placement for some of these young persons provides needed relief from family, peer and community pressures and a therapeutic, structured setting in which they may begin to heal. There probably always will be a few such young persons, no matter how effective the prevention programs. Off reservation placement in high quality treatment centers may be the best alternative. Judgments must be made on an individual basis, as to whether the benefits of residential treatment outweigh the disadvantages of removing a young person from his/her unique cultural setting. They must be based in part on the levels of social, cultural and emotional development of that young person.

Social workers should consider efforts to reduce significantly the *need* for off reservation treatment/placement through thoughtful and extremely well planned, well managed *prevention* programs. Although millions of dollars have been spent on mental health and social service *intervention*, the problems have not abated. A deeper and more practical approach must be developed.

It is rare, perhaps never, that a problem is entirely centered in a child or any one individual. Problems and symptoms have their origin in the broader systems of family and community. It is on these systems that efforts at solution must focus.

It is certainly not recommended that intervention be discontinued. However, the focus of services and programs can be shifted to preventive strategies which consider the contexts and situations that lead to the need for shelter, and foster care and mental health treatment, residential or otherwise, on or off reservation. That focus also can be directed away from individuals and toward families and other systems operating in the larger Indian community.

Such a shift is more hopeful, more optimistic, less stigmatizing and less costly than more conventional, individually focused intervention. Current intervention programs and services should be continued at currently planned levels. Any expansion of programs or services should be directed toward prevention, in all areas of social and mental health services.

Basic premises of an effective prevention program include:

1. Focus on utilization of existing and traditional resources.
2. Focus on skills of Indian people as service providers rather than on outside service providers.
3. Focus on families and communities more than on individuals.
4. Focus on community and home based family services rather than centralized office or service locations.
5. Degree of intensity of services based on unique needs of families.
6. Utilization of team approach, increased options for involving workers with varied educational and experiential backgrounds so as to match properly the needs of families.

Many social workers and mental health care professionals have difficulty in "giving up" the "standard" view that casework be controlled under their auspices and direction, and that the client and his/her family be treated as the client. In this instance, the caseworker's position is well-defined and safeguarded; everyone knows where they stand and who is making the final decisions.

The most effective social workers in Indian country, however, do not feel threatened about appreciating and utilizing the strengths of families and the community at-large, and tapping into these as a much needed resource. By

working closely with the community, the social worker is not so much concerned about giving up his/her own base of power and control, but expanding the opportunity to use American Indian human resources to address vital and pressing community needs. Rather than dealing with the client as an individual, or individual family, the social worker recognizes the individual's place within a larger context, the Indian community, and works to marshall the energy and supports that the Indian community has to offer. Because of the magnitude of problems confronting Indian people, it is only by adopting such a community-based approach that the social worker can hope to make a substantial and lasting contribution.

VIII. COMMUNICATING AND COUNSELING WITH INDIAN PEOPLE

Social workers unfamiliar with American Indian people may have some initial apprehensions as to how they will effect communication and understanding when meeting with Indian clients and families. The ways, culture, and orientation of Indian people may be quite different from their own sociocultural backgrounds, and uncertainty as to the best way(s) to transverse these differences is very likely.

What is *most* important for social workers to recognize is that there *are* differences existing between the Anglo and Indian worlds. The social worker does not have to know exactly what is the nature of the differences, but that they are there. He/she can then begin the *process* of learning, and gradually establishing a relationship with Indian clients.

Many articles have been written by Indians and non-Indians alike which suggest ways that communicative, counseling, and therapeutic practices should be conducted with Indian people. These authors often stress the importance of "process" in contrast to effecting immediate solutions to problems. They indicate that Indian people need time to learn who the caseworker is by the caseworker's actions and status in the community, and that this process of knowing who one is generally takes an extended period of time, often years. They note that American Indian values generally preclude one person taking responsibility for the actions of another, that each person must walk on his/her own path and be judged accordingly. This value varies considerably from a more Anglo approach of assuming responsibility for another's behavior, especially when one is faced with a life-threatening situation.

On more than one occasion, non-Indian social workers have been observed to make statements such as: "Doesn't anyone care that Thomas may commit suicide?" because of an "apparent" lack of attention to Thomas' present problems. This "unresponsiveness" is often interpreted as a non-caring attitude as to what course life should take for their fellow members. Several non-Indian caseworkers express their bewilderment and confusion as to how Indian people can be as unconcerned as they seem about a potential suicide. In some instances, the caseworker will take it upon himself/herself to assume responsibility for the client and take action unilaterally, without consultation with the client's family or community members. Aside from only the most life-threatening situations, taking actions outside the context of the Indian community will prove not only ineffective over time, but can actually produce counterproductive results, limiting the caseworker's future effectiveness.

The best rule of thumb for non-Indian caseworkers serving Indian people is to acknowledge one's ignorance and seek understanding and learning from the Indian people themselves. Much of this awareness will come only from being present in the community itself and allowing relationships to develop and evolve on both professional and personal levels. Knowledge does not normally come about from a series of "question and answer" interactions, but by "being there."

Most significant is the caseworker's sincerity and commitment to help enhance the well-being of Indian people and getting beyond his/her own limitations and boundaries of culture and society. Shrugging off the trappings of one's own preconceptions, values, and judgments is usually the first step to be taken for *any* therapist to prove effective in making a *connection* with his/her client. In interfacing with Indian communities, the caseworker's ability to travel beyond his/her own framework and worldview is crucial if a reasonable level of effectiveness is to be attained.

Following are some quotations from American Indian therapists and writers and others familiar with American Indian communities. These statements depict the past dissatisfaction of the therapist/counselor-client relationship, and allude to directions the caseworker can take to improve the situation.

LaFromboise and Rowe (1983): "American Indian people find the (counseling) experience long on aversiveness or short on meaningfulness, or both."

Deloria (1969): "Indians must be redefined in terms that white men will accept, even if that means re-Indianizing them according to a white man's idea of what they were like in the past and should logically become in the future."

Bransford (1982): ". . . even though the controversy continues today, relative to the importance of American Indian student counselor ethnicity, the whole question may be moot. The fact is, very few of those counselors working with Indians are Indian."

Paul F. Dell (1980): "In particular, Western expectations about the nature of people, systems, and especially change, frequently contaminate the process of therapeutic intervention. To the extent that a therapist remains unaware of his own Aristotelian epistemological heritage, his or her ability to 'think systems' will be impeded, as may his or her therapeutic effectiveness."

J. Jacobs (1981): ". . . American Indians are a society in transition, a movement toward social and cultural changes perhaps not by choice but for survival. Indians in transition develop many problems, these problems reflect the stress of the modern world and efforts to become a part of the 'white man's world.'"

Robert Lewis (1981): "Our expectations of the (non-Indian) worker coming in are that they do not come with any preconceptions of what they are going to do, or what they know, because unless they are from the community, they do not know and have no way to know until they experience it."

Robert Lewis (1981): "Regardless of how interested a (non-Indian) worker has been in Indians, we try and screen out people who have an unrealistic, romantic attitude about Indians and are not open to different views, in other words, a very subjective type of person . . . our workers should come in with a realistic, objective attitude and a positive interest in Indians."

Jimm G. Good Tracks: "The therapist and particularly the non-Indian therapist must walk a tightrope. He/she must balance efforts to become culturally aware and sensitive with a developing ability to keep an open mind in regard to the unique dynamics of individual families. With this in mind, one of the most important pieces of information that a therapist can glean from a family is their 'picture' of themselves."

Jay Haley (1976): "One can think of the goal of therapy either as the expansion of the life of a human being or as the solution of specific problems. Orientation A is based on the premise that the goal is to help people develop themselves and so the therapist's task is essentially an educational one . . . At the opposite extreme, in Orientation Z the therapist is a problem solver. It is his/her job to clarify and get people over the specific problems they bring to him."

Shelledy and J. Nelson (1981): "We have discovered our own feelings of inadequacy; our self-conscious feelings about our 'whiteness'; whatever internal dialogue we might be having regarding our competency as a therapist is going

to, at some point and in some manner, be at work in our counseling sessions. It is our choice to utilize this energy to our advantage, rather than let it create a barrier between us and the family."

Shelledy and J. Nelson (1981): "It has not only been effective but true for us to assume the posture that we don't 'know' everything about Indian families and we certainly don't 'know' everything there is to know about a specific family. Our message is: 'You are the experts.' 'You teach us.' 'We're interested in learning about your family.' The articulation of this encourages the family to share their dynamic processes in the sessions."

Jimm G. Good Tracks (1976): "Much delicacy and sensitivity are required for Indian good manners. If one is planning a gathering, for example, a feast to give a child his Indian name, one does not urge people to come. This would be interfering with their right to free choice. If people wish to come, they will come."

Gary Granzberg (1973): "During a year of field work among the Hopi, the author conducted a delay-of-gratification experiment among second and third grade Hopi boys and girls. Twenty-one boys and girls were individually given an array of psychological tests and then, at the completion of the testing, were asked the following question: 'Because you helped me out I want to give you some candy as a reward. However, right now I only have enough candy to give you but one candy bar. If you want to wait a week I will have more candy and then I can give you two candy bars instead of one. Do you want to have one candy bar right now, or do you want to wait a week without candy and then get two candy bars?' The author held up a candy bar to show them he had some with him. The results of this experiment were surprising. Unexpectedly, 20 of the 21 subjects elected to wait a week and then to receive two candy bars. Puzzled by the unexpectedly high ability of Hopi second and third grade children to delay gratification, the author asked a mature Hopi friend how she would account for such a finding. The woman's response was enlightening. She said, 'That doesn't surprise me; you see they have been trained to wait for a good harvest.'"

John Red Horse, Yvonne Red Horse, Eva Neubeck, and James Decker (1981): "Professional understanding regarding boundary configurations of American Indian extended family systems is reasonably developed in anthropology. It has not, however, adequately penetrated curricula in human services education. Individuals trained in the helping professions consequently receive limited information about extended families. European extended family models, i.e., three generations within a single household, are often used to appraise Indian family behavior. While three generations in a single household represents an observable feature in many American Indian families, it should not be construed as a limiting feature. American Indian extended family systems assume an additional dimension of horizontal extension. In other words, several households irrespective of geographic space represent critical components of extended family."

Carl Gorman (1981): "The people of this nation, the United States, have looked upon themselves as an enlightened people. Because of this, they have looked down on all ways which have differed from those of the dominant, scientific, technological, and religious communities. For this reason our Native American healing sciences have not been studied to any great extent as a living, workable and usable method of healing. They have instead been looked upon as very primitive, indeed as superstitious and not worth preserving, much less promoting and developing."

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IX. SUMMARY

There are a number of parameters that, if followed, will greatly enhance the social worker's effectiveness in working with Indian people and communities. Most of these are contained in the main body of this curriculum. The most basic principles have been extracted and are presented below.

- Adopt an integrative, holistic approach, viewing the individual within a larger context of family, society, culture, and community.
- Learn to recognize, make use of, and reinforce traditional social supports and familial strengths.
- Demonstrate a genuine willingness to learn and listen, in a manner marked by patience and an appreciation for the extended period of time this learning will require.
- Become effective by helping to initiate and support community action and developmental programs such as foster and family care so that the larger needs of the community can be addressed.
- Become familiar with the unique history, nature, and qualities of the Indian people with whom you are working, and learn to make important and necessary distinctions among American Indian people in general.
- Become comfortable in facilitating the role or process and establishing relationships during casework and counseling; although it is sometimes important, do not get too hung up on effecting a final solution to problems that are presented.

In many instances, the task of becoming an effective and valued social worker lies in the meaning of the word "becoming." By permitting yourself to evolve through this process of life and learning from it, you will eventually reach a point along that lifeway when the tangible expression and application of knowledge attained may yield benefits to those you serve.

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SUBSTITUTE CARE CURRICULUM

Purpose

This curriculum module has been designed to familiarize the entry level child welfare worker with issues related to Indian child welfare. It is expected that most of the workers using this module will be those with minimal or no grounding in either past historical or current status of American Indian Life.

Limitations of size make it necessary to limit information within the context of this module. The curriculum content is not intended to be comprehensive or thorough. Rather, focus is directed toward providing the caseworker with a broad conceptual framework from which to appreciate and better understand the unique nature of American Indian societies and those aspects of child welfare which distinguish them from other population groups. Particular attention is placed on the Indian community in contrast to the individual, and community action and policy level approaches which attempt to protect the rights and welfare of Indian children, their families and tribal groups.

Curriculum material is designed to elicit the interest of the caseworker and to challenge individual thought processes. Primary emphasis is placed on enhancing awareness and recognition of those values and historical antecedents implicit within Indian child welfare practice. The caseworker's own role in this entire process also is intended for examination.

Objectives and Intended Outcomes:

This curriculum module has been developed to enable the entry level child welfare worker

To reach the following goals:

- **Understand the broader context of American Indian history and contemporary life
- **Learn about the Indian Child Welfare Act of 1979, and the reasons for its existence
- **Understand some of the economic, environmental, social, cultural and other factors which may affect the outcome of child welfare work in Indian communities
- **Appreciate the value of community action, advocacy, process, and policy approaches to improve the welfare of entire Indian communities

To accomplish the following objectives:

- **Be able to uphold laws and policies that are in place to protect the welfare of Indian children, their families and communities
- **Recognize the importance of Indian self-sufficiency and work to support this concept in practice when conducting casework
- **Respect variant Indian social mores and cultural practices
- **Learn to recognize one's own biases and values which are operating during child welfare casework
- **Recognize and acknowledge one's ignorance, when apparent, in matters pertaining to Indian people and societies, and demonstrate a willingness to let the learning process proceed at a natural pace over time

Some Discussion Questions:

1. Isn't it unfair to permit tribal courts to determine the custody status of Indian children when the rest of society in America operates under a common judicial system?
2. Does the Indian Child Welfare Act put too much emphasis on the rights of Indian societies at the expense of the individual?
3. Aren't people the same everywhere?
4. Most Indian child welfare problems are caused by alcoholism. TRUE or FALSE?
5. What is the difference between "process-oriented" therapy and "problem solving" therapy? Which works most effectively in Indian communities?
6. Describe the differences in perception between the case worker of a residential treatment facility and a community-based caseworker.
7. What is family foster care and how does it differ from group or other commonly used forms of foster care?
8. How does the review of the history of injustices against Indian people help Indians today?
9. State caseworkers have always worked closely with tribal case work personnel. TRUE or FALSE?
10. Why are there so few child day care service providers in Indian Communities?

NOTES

PIMA MAZE (Cover Illustration):

This Pima and Tohono O'Odham symbol is called Elder Brother (he has two names, Pima being Se-e-huh, Tohono O'Odham, I'itoi). Elder Brother represents a teaching figure. He is standing before the opening to his house. He intentionally created the house to confuse his enemies. The connotation is of a sanctuary which protects from one's enemies.